

Answer Key - EMR Study Guide

Emergency Medical Responder Course Study Guide.

Section A: Corrections to the Text Book

Vital Sign Frequency

Page 87 of the [Emergency Care for Professional Responders manual](#) states:

- Pulse Oximetry should be taken and recorded with vital signs at least every 15 minutes for stable patients, and reassessed and recorded every 5 for unstable patients.

Page 92 states...

- Vital signs should be reassessed and recorded every 5 minutes for unstable patients and every 30 minutes for stable patients

Clarification...

- For purposes of your Canadian Red Cross training and testing, you will check Vital Signs every **15 minutes for stable patients**, and every **5 minutes for unstable** patients.

A-1. **Vital Signs should be checked every _____ minutes for Stable patients and every _____ minutes for Unstable patients.**

- A. 30 ... 15
- B. 15 ... 30
- C. 5 ... 15
- D. 15 ... 5

Airway Maintenance

Page 131 of the [Emergency Care for Professional Responders manual](#) states:

- Even after inserting an adjunct, you must continue to monitor the patient's respiration and use manual techniques such as the head-tilt/chin-lift to maintain airway patency.

Clarification...

- You must continuously monitor the patient's airway and respiration, however you only need to maintain manual techniques such as the head-tilt/chin-lift on an ongoing basis if the patient's airway becomes compromised when you release them.

A-2. **You need to maintain manual techniques such as the head-tilt-chin-lift on an ongoing basis _____.**

- A. At all times
- B. Whenever you think of it
- C. If the patient requests it
- D. If the airway becomes compromised when the manual technique is released

Neonatal CPR Ratios

The CPR charts on pages 152 and 161 of the [Emergency Care for Professional Responders manual](#) incorrectly list 30:1 as the required Compression to Ventilation ratio for a single rescuer performing CPR on a Neonatal patient.

Clarification...

- The correct Compression to Ventilation ratio when a single rescuer is performing CPR on a Neonatal patient is **3:1** (three compressions to one ventilation).
- This is the **same ratio required for multiple rescuers** performing CPR on a Neonatal patient.

A-3. **The correct Compression : Ventilation ratio for a single Professional Responder performing Neonatal CPR is _____.**

- A. 3 : 1

- B. 1 : 3
- C. 30 : 1
- D. 30 : 2

Section B: Certification & Licensing

B-1. How long do you have from the time your EMR Certificate is issued to complete BC EMALB EMR License Evaluations? *(EMR Licensing Process)*

- A. 6 months
- B. 1 year
- C. 3 years
- D. 5 years

B-2. In what format will you receive your Canadian Red Cross EMR Certificate? *(EMR Licensing Process)*

- A. Wallet card sent in the mail
- B. Wallet card and Wall Certificate sent in the mail
- C. PDF file attached to an email sent by Frontline
- D. PDF file attached to an email sent by EMALB

B-3. Who issues your EMR License in BC? *(EMR Licensing Process)*

- A. BC EMALB
- B. Paramedic Association of Canada
- C. Canadian Red Cross
- D. BCAS

B-4. What does BC EMALB accept as proof of EMR Certification? *(EMR Licensing Process)*

- A. Photocopy of your Certificate mailed to BC EMALB
- B. Photocopy of your Certificate hand delivered to BC EMALB
- C. PDF copy of your Certificate that you email to BC EMALB
- D. PDF copy of your Certificate emailed to BC EMALB directly from Canadian Red Cross

B-5. Who is responsible for all post-course Licensing arrangements with BC EMALB? *(EMR Licensing Process)*

- A. BC EMALB
- B. Canadian Red Cross
- C. Frontline First Aid
- D. You

B-6. How do you arrange for the Canadian Red Cross to send BC EMALB a copy of your Certificate? *(EMR Licensing Process)*

- A. Call 1-877-356-3226
- B. Email emrbc@redcross.ca
- C. Call 250-470-0205
- D. Email training@frontlinefirstaid.ca

B-7. How long after the completion of your course will you be submitted to the Canadian Red Cross? *(EMR Licensing Process)*

- A. Within 24 hours
- B. Within 2 days
- C. Within 10 days
- D. Within 6 months

Section C: BC EMALB

C-1. **The BC Emergency Medical Assistants Licensing Board** _____. (*BC EMALB Website*)

- A. Is responsible for examining, registering and Licensing all EMAs in BC
- B. Sets License Terms and Conditions
- C. Investigates complaints and conducts hearings
- D. All of the above

C-2. **What are the primary purposes of the National Occupational Competency Profiles, as established by the Paramedic Association of Canada?** (*NOCP*)

- A. Examination registration and licensing of all EMAs in BC
- B. Set licence terms and conditions
- C. To promote national consistency in paramedic training and practice
- D. All of the above

C-3. **Which of the following is a common category of complaint to the BC EMALB?** (*BC EMALB Website*)

- A. A paramedic or first responder has incompetently carried out their duties
- B. A paramedic or first responder has breached the terms and conditions of their licence
- C. A paramedic or first responder has a health ailment impairing his/her ability to practice safely
- D. All of the above

C-4. **Who is at risk of being named a party in a legal action?** (*Good Samaritan Act*)

- A. Only Medical Supervisors/Medical Directors
- B. Only BC EMALB Staff
- C. Only the Employer
- D. All persons employed expressly to render medical services or aid

C-5. **Which of the following is NOT an action the Emergency Medical Assistants Licensing Board can take when it finds that an EMA has incompetently carried out their duties?** (*Emergency Health Services Act*)

- A. Impose conditions on the person's licence
- B. Revoke the licence
- C. Sue the EMA for damages
- D. Bar the person from being licensed under the Act for a period of time the board considers appropriate

"First Aid or other health care provided in circumstances in which it is necessary to provide the first aid or other health care without delay in order to preserve an individual's life prevent or alleviate serious physical or mental harm, or alleviate severe pain"

C-6. **The above statement is the definition of _____ according to the Emergency Health Services Act.** (*Emergency Health Services Act*)

- A. Ambulance Service
- B. Emergency Health Services
- C. First Aid Provider
- D. Emergency Medical Assistance

C-7. **An Emergency Medical Assistant in BC must notify the EMALB within _____ days of legally changing their name or address.** (*Emergency Medical Assistant's Regulation*)

- A. 90
- B. 60
- C. 30
- D. 7

C-8. **What is BC EMALB's fee for initial EMR Licensing, if both Written and Practical evaluations are required?** (*Emergency Health Services Regulation*)

- A. \$450
- B. \$50

- C. \$550
- D. \$500

C-9. **In special circumstances, the EMALB may extend the licence of an EMA for up to 60 days, on one occasion, provided the following requirement(s) has/have been met.** ([BC EMALB Website](#))

- A. Special circumstances exist
- B. The request is made before the licence expires
- C. The EMA has continuously maintained a licence throughout the past 5 years
- D. Both A and B

C-10. **If an EMA is presented with both a DNR/No CPR order and an Advance Directive, both of which have the same date for the same patient, which document prevails?** ([Advance Directives Bulletin](#))

- A. The DNR/No CPR order
- B. The Advance Directive
- C. They cancel each other out
- D. They cannot both exist at the same time

C-11. **Who is expected to determine whether a wound is criminal in nature?** ([Gunshot and Stab Wound Disclosure Requirements](#))

- A. Emergency Medical Assistants
- B. Police and other components of the criminal justice system
- C. First Responders
- D. All of the above

C-12. **Gunshot and Stab Wound legislation is not intended to capture stab wounds that have been _____.** ([Gunshot and Stab Wound Disclosure Act](#))

- A. Determined to have been accidental or self-inflicted
- B. Treated on scene without the need for hospital transport
- C. Already documented by WorkSafe BC
- D. All of the above

C-13. **According to _____, an EMA must report any incompetent, illegal or unethical conduct they witness being perpetrated by another EMA.** ([Emergency Medical Assistant's Regulation](#))

- A. WorkSafe BC
- B. The Paramedic Association of Canada
- C. The EMR Code of Ethics
- D. The Fundamental Principles of the Red Cross

C-14. **An EMA is obligated to assume responsibility for personal and professional development, and maintain professional standards through training and peer mentoring.** ([Emergency Medical Assistant's Regulation](#))

- A. True
- B. False

C-15. **If a complaint is filed with the EMALB against an Emergency Medical Assistant, the EMA will be notified of the complaint by _____.** ([BC EMALB Website](#))

- A. An email from the complainant
- B. A phone call from the Employer
- C. A letter from the EMALB
- D. A letter from the PAC

C-16. **A representative appointed by an EMA during the complaint process is NOT permitted to:** ([BC EMALB Website](#))

- A. Provide advice to the EMA
- B. Participate in a complaint investigation hearing
- C. Speak on the EMA's behalf

D. Do any of the above

C-17. **Preservation of Evidence at a scene is governed by the _____.** (*Coroner's Act*)

- A. Emergency Health Services Act
- B. Good Samaritan Act
- C. Gunshot and Stab Wound Disclosure Act
- D. Coroner's Act

C-18. **Disciplinary actions imposed by the EMALB may be appealed through the _____ within 30 days of the date of the determination of the disciplinary action.** (*Emergency Health Services Act*)

- A. BC Paramedics Union
- B. Supreme Court
- C. Interior Health Authority
- D. BC Provincial Court

C-19. **According to the Mental Health Act, a _____ may apprehend and immediately take a person to a physician for examination if satisfied from personal observations, or information received, that the person is acting in a manner likely to endanger that person's own safety or the safety of others, and is apparently a person with a mental disorder.** (*Mental Health Act*)

- A. Police officer or constable
- B. First Aid Attendant
- C. Licensed EMA
- D. All of the above

C-20. _____ is a provider of Hazardous Materials response support for emergency responders in BC. (*EMR Cheat Sheet*)

- A. BCAS
- B. EPOS
- C. CHEMTREC
- D. HAZMAT

C-21. **MSDS is an acronym for _____.** (*EMR Cheat Sheet*)

- A. Mental Suitability Determination Scale
- B. Medical Service Delivery System
- C. Make the Scene Definitely Safe
- D. Material Safety Data Sheet

Section D: BCEHS Treatment Guidelines

D-1. **Whenever the BCEHS Treatment Guidelines contradict or supplement the information provided in the Canadian Red Cross Emergency Care for Professional Responders text book, you should follow the _____ as an EMR Licensed in British Columbia.** (*BCEHS Treatment Guidelines*)

- A. Canadian Red Cross Emergency Care for Professional Responders text book
- B. The PAC NOCP
- C. The BCEHS Treatment Guidelines
- D. ILCOR Guidelines

D-2. **According to page 250 of the Canadian Red Cross Emergency Care Manual, a Capillary Blood Glucose Level of _____ mmol/L or higher constitutes Hyperglycaemia. However, local BCEHS Treatment Guidelines indicate that a Capillary Blood Glucose Level of _____ or higher constitutes Hyperglycaemia.** (*BCEHS Treatment Guidelines*)

- A. 11, 8
- B. 8, 11
- C. 90, 100
- D. 100, 90

D-3. According to the BCEHS Treatment Guidelines, a Systolic Blood Pressure of at least _____ mmHg is necessary to safely administer Nitroglycerin to a patient with a previous prescription for Nitroglycerin. However, the BCEHS Treatment Guidelines also indicate that a Systolic Blood Pressure of at least _____ mmHg is necessary to safely administer Nitroglycerin to a patient who does not have a previous prescription (preceded by obtaining permission from ClinCall). (BCEHS Treatment Guidelines)

- A. 90, 100
- B. 100, 90
- C. 120, 110
- D. 80, 90

D-4. The Canadian Red Cross Emergency Care Manual stipulates that medical responders must wait 5 minutes between doses (q 5), when administering Nitroglycerin. However, local BCEHS Treatment Guidelines indicate that Nitroglycerin can be administered every 3-5 minutes (q 3-5), when appropriate. (BCEHS Treatment Guidelines)

- A. True
- B. False

D-5. BCEHS Treatment Guidelines state that on-scene cooling of thermal burns should take no longer than _____. (BCEHS Treatment Guidelines)

- A. 30-60 seconds
- B. 3-5 minutes
- C. 1-2 minutes
- D. 10-20 minutes

D-6. Emergency Medical Responders in BC can be Licensed through BC EMALB to administer... (BCEHS Treatment Guidelines)

- A. Oxygen ... Glucose ... Nitroglycerin ... ASA ... Entonox ... Salbutamol ... Epinephrine and Insulin
- B. Oxygen ... Glucose ... Nitroglycerin ... ASA ... Entonox ... Pentrox and Naloxone
- C. Oxygen ... Glucose ... Nitroglycerin ... ASA ... Entonox ... Pentrox ... Salbutamol ... and Epinephrine
- D. Oxygen ... Glucose ... Nitroglycerin ... ASA ... Entonox ... Naloxone ... and Salbutamol

D-7. What amount of Naloxone is recommended for an adult on the 1st dose? (BCEHS Treatment Guidelines)

- A. 0.4 mg
- B. 2.0 mg
- C. 0.2 mg
- D. 0.8 mg

D-8. What amount of Naloxone is recommended for an adult on the 3rd dose? (BCEHS Treatment Guidelines)

- A. 0.4 mg
- B. 2.0 mg
- C. 0.2 mg
- D. 0.8 mg

D-9. Which of the following medications does NOT require the collection of a full set of Vital Signs before administration? (BCEHS Treatment Guidelines)

- A. Nitroglycerin
- B. Naloxone
- C. ASA
- D. Glucogel

D-10. Emergency Medical Responders in British Columbia should assess the pulse of a patient in suspected Hypothermia for no more than _____ before beginning CPR-AED protocols. (BCEHS Treatment Guidelines)

- A. 60 seconds
- B. 10 seconds
- C. 30 seconds
- D. 45 seconds

D-11. What guidelines should Emergency Medical Responders in BC apply, when making decisions about Spinal Motion Restriction (SMR)? (BCEHS Treatment Guidelines)

- A. Canadian C-Spine Rules
- B. Canadian SMR Rules
- C. VORTEX
- D. NEXUS

D-12. The two main levels of Spinal Motion Restriction measures include _____ SMR and _____ SMR. (BCEHS Treatment Guidelines)

- A. Full, Simple
- B. Complete, Partial
- C. NEXUS, Modified Nexus
- D. C-Spine, V-Spine

D-13. Treatment of an open chest wound should include _____. (BCEHS Treatment Guidelines)

- A. Entonox
- B. Non-occlusive Dressing
- C. Vented-occlusive Dressing
- D. Pentrox

D-14. When presented with an injury including gross deformity of a limb, treatment should include a single attempt to realign the limb with inline traction if _____ or _____. (BCEHS Treatment Guidelines)

- A. Distal circulation is compromised, Transport is compromised
- B. Definitive care is more than 30 minutes away, The fracture is in the mid-third of the femur
- C. The patient complains of pain, There is extreme crepitus during assessment
- D. There is shortening of the limb, Entonox has been administered

Section 1: The Professional Responder

1-1. Which of the following identifies the 4 PAC levels of Pre-Hospital Care training? (Emergency Care for Professional Responders)

- A. EMR ... EMT ... PCP ... ACP
- B. EMT ... PCP ... CCP ... PHD
- C. EMR ... PCP ... ACP ... CCP
- D. EMS ... PCP ... EMR ... ACP

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1-2. Which of the following statements most accurately reflects the role of a Medical Director? (Emergency Care for Professional Responders)

- A. Provides alternative means to manage patients who do not require transport to a general acute care hospital emergency department
- B. Responds with Licensed EMRs to directly support patient care in the field
- C. Directs bystanders, traffic and incoming resources during an emergency response
- D. Provides guidance and medical oversight for all emergency care provided by EMS personnel

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1-3. If your Medical Director gives you orders for patient care, you should... (Emergency Care for Professional Responders)

- A. Repeat the orders back to verify them
- B. Make sure you understand all of the orders and advice the physician provides
- C. Ask the physician for clarification if you have any questions
- D. All of the above

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1-4. Which statement most accurately describes Direct or Online Medical Control? (Emergency Care for Professional Responders)

- A. Performance of pre-hospital care skills that can only be delegated by a physician

- B. Performance of pre-hospital care skills performed directly by responders after browsing an online database of protocols
- C. Performance of Standing Orders or Medical Control Protocols
- D. Performance of skills directly within the licensing scope of the responder

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1-5. **Standing Orders or Medical Control Protocols (MCPs) pertain to _____.** *(Emergency Care for Professional Responders)*

- A. Medical Oversight
- B. Offline Medical Control
- C. Indirect Medical Control
- D. All of the above

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1-6. **Standing Orders or Medical Control Protocols (MCPs) involve _____.** *(Emergency Care for Professional Responders)*

- A. Education
- B. Protocol Review
- C. Continuous improvement in the quality of care and treatments
- D. All of the above

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1-7. **Which of the following forms part of your 7 primary responsibilities?** *(Emergency Care for Professional Responders)*

- A. Determine the legal liabilities of all parties involved
- B. Provide a clinical field diagnosis precisely identifying the exact injuries and medical conditions involved
- C. Ensure your own safety
- D. All of the above

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1-8. **Self Care is important _____.** *(Emergency Care for Professional Responders)*

- A. Primarily at the start of your career
- B. At all stages of your career
- C. Primarily towards the end of your career
- D. Only when you start to feel the effects of the events you've been involved with

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1-9. **Critical Incident Stress _____.** *(Emergency Care for Professional Responders)*

- A. Is sign that you may not suited to emergency service
- B. Primarily affects bystanders and civilians
- C. Is a natural emotional reaction
- D. All of the above

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1-10. **Duty Act applies to you _____.** *(Emergency Care for Professional Responders)*

- A. As soon as you receive your Certificate
- B. When you are on duty
- C. As soon as you receive your License
- D. All of the above

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1-11. **Scope of Practice _____.** *(Emergency Care for Professional Responders)*

- A. May differ by region
- B. Only includes the skills you've practiced in your Certification training course
- C. Includes every skill outlined in the Emergency Care for Professional Responders manual
- D. Ensures the same skills are performed in every Province and Territory throughout Canada

1-12. **The principle of Implied Consent applies _____.** (*Emergency Care for Professional Responders*)

- A. When the patient refuses care
- B. When the law assumes the person would grant consent for care if they were able
- C. Only to bystanders providing first aid assistance
- D. Whenever you respond to an emergency incident

1-13. **The age at which someone is old enough to give or refuse informed consent is _____.** (*Emergency Care for Professional Responders*)

- A. 11
- B. 19
- C. 21
- D. Undefined

1-14. **In regards to patient consent, Competence refers to _____.** (*Emergency Care for Professional Responders*)

- A. The person's belief in a responder's capabilities
- B. The medical responder's mental and physical condition at the time they are performing their duties
- C. A person's ability to understand the responders questions and understand the implications of decisions
- D. The medical responder's skill level

1-15. **The Good Samaritan Act protects professional responders while they are on duty.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

1-16. **The Good Samaritan Act protects you from legal liability as long as you _____.** (*Emergency Care for Professional Responders*)

- A. Act in Good Faith
- B. Are not negligent
- C. Act within the scope of your training
- D. All of the above

1-17. **Transfer of care may take place _____.** (*Emergency Care for Professional Responders*)

- A. At the scene
- B. During Transport
- C. At the receiving medical care facility
- D. All of the above

1-18. **The four main reasons for documentation are _____.** (*Emergency Care for Professional Responders*)

- A. Administrative ... Financial ... Quantitative ... Accreditation
- B. Legal ... Ethical ... Technical ... Practical
- C. Medical ... Legal ... Administrative ... Research
- D. Written ... Electronic ... Verbal ... Clinical

1-19. **Regardless of the specific method (ie Radio, Phone, In-Person), clear and accurate communication with other EMS personnel is important because _____.** (*Emergency Care for Professional Responders*)

- A. You might look foolish if you make a mistake "on air"
- B. Ineffective communication could result in harm to the patient in your care

- C. The CRTC strictly monitors medical communications for accuracy
- D. All of the above

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1-20. **The Prefix “Hyper” is usually means _____.** (*Emergency Care for Professional Responders*)

- A. Arterial
- B. Slow ... Dull
- C. Excessive ... above ... over ... beyond
- D. Fast ... swift ... rapid ... accelerated

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1-21. **The Prefix “Brady” is usually means _____.** (*Emergency Care for Professional Responders*)

- A. Arterial
- B. Slow ... Dull
- C. Excessive ... above ... over ... beyond
- D. Fast ... swift ... rapid ... accelerated

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1-22. **The combining form “Vas/o” usually means _____.** (*Emergency Care for Professional Responders*)

- A. Nerve ... neural
- B. Duct ... vessel ... vascular
- C. Heart ... cardiac
- D. Blood

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1-23. **The combining form “Cardi/o” usually means _____.** (*Emergency Care for Professional Responders*)

- A. Nerve ... neural
- B. Duct ... vessel ... vascular
- C. Heart ... cardiac
- D. Blood

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1-24. **Which of the following best describes an Advance Directive?** (*Emergency Care for Professional Responders*)

- A. Specific medical procedures that professional responders are authorized to perform
- B. Information received by professional responders pertaining to response location and nature
- C. Documented instructions which capture a person’s wishes concerning healthcare decisions
- D. Instructions directed to incoming EHS personnel by the responders already on scene

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Section 2: Responding to the Call

2-1. **Psychological Preparation may _____.** (*Emergency Care for Professional Responders*)

- A. Get you used to all the things you will see as a professional responder
- B. Control your reactions
- C. Eliminate the possibility of developing critical incident stress
- D. All of the above

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2-2. **Your first priority is always _____.** (*Emergency Care for Professional Responders*)

- A. Safety of others
- B. Crime scene preservation

- C. Personal safety
- D. All of the above

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2-3. **When providing care in a suspected crime scene** _____. (*Emergency Care for Professional Responders*)

- A. Minimize introduction of foreign objects
- B. Crime scene preservation takes precedence over patient care
- C. You may need to subdue and restrain the assailant
- D. Firearms should be moved by placing a pen or pencil into the barrel

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2-4. **Professional Responders are always permitted to physically restrain a suicidal person.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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2-5. **Which of the following is not one of the 16 information categories contained in an SDS?** (*Emergency Care for Professional Responders*)

- A. Stability and reactivity
- B. First Aid Measures
- C. Alkalinity balancing
- D. Ecological information

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2-6. **What is the most common danger emergency personnel will encounter when responding to a Motor Vehicle Collision (MVC)?** (*Emergency Care for Professional Responders*)

- A. Downed Electrical Lines
- B. Traffic
- C. Sharp pieces of metal or glass
- D. Electrical discharge from Hybrid batteries

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Section 3: Infection Prevention and Control

3-1. **Syphilis, and Gonorrhea are examples of** _____. (*Emergency Care for Professional Responders*)

- A. Viruses
- B. Bacteria
- C. Ricksettia
- D. Parasitic Worms

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3-2. **Typhus and Rocky Mountain Fever are examples of** _____. (*Emergency Care for Professional Responders*)

- A. Viruses
- B. Bacteria
- C. Ricksettia
- D. Parasitic Worms

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3-3. **What four factors must coincide for an infection to occur?** (*Emergency Care for Professional Responders*)

- A. Direct Contact ... Indirect Contact ... Airborne Transmission ... Vector-Borne Transmission
- B. PPE ... Personal Hygiene ... Disinfecting Equipment ... Occupational Procedures
- C. Disposable Gloves ... Gown ... Mask ... Protective Eyewear
- D. Pathogen ... Susceptibility ... Quantity ... Entry Site

3-4. **Vaccinations are available and recommended for which of the following diseases?** *(Emergency Care for Professional Responders)*

- A. Hepatitis C
- B. Hepatitis B
- C. Meningitis
- D. All of the above

3-5. **What basic infection-control precautions should you follow every time you provide care?** *(Emergency Care for Professional Responders)*

- A. Direct Contact ... Indirect Contact ... Airborne Transmission ... Vector-Borne Transmission
- B. PPE ... Personal Hygiene ... Disinfecting Equipment ... Occupational Procedures
- C. Disposable Gloves ... Gown ... Mask ... Protective Eyewear
- D. Pathogen ... Susceptibility ... Quantity ... Entry Site

3-6. **BSI is an acronym for _____.** *(EMR Cheat Sheet)*

- A. Breathe Smell Ingest
- B. Body Substance Isolation
- C. Back & Spine Immobilization
- D. Biological Stimulus Imbalance

3-7. **Also known as the "Inner Perimeter", the _____ is typically where Hazmat decontamination procedures take place.** *(EMR Cheat Sheet)*

- A. Hot Zone
- B. Decon Zone
- C. Exposure Zone
- D. Warm Zone

3-8. **A _____ is a diamond shaped sign that identifies dangerous goods on large containers and vehicles.** *(EMR Cheat Sheet)*

- A. MSDS
- B. Red Flag
- C. Vehicle Placard
- D. HazMat Plate

Section 4: Anatomy & Physiology

4-1. **The Wrist is _____ compared to the Elbow.** *(Emergency Care for Professional Responders)*

- A. Medial
- B. Proximal
- C. Lateral
- D. Distal

4-2. **The Chest is _____ compared to the Abdomen.** *(Emergency Care for Professional Responders)*

- A. Medial
- B. Ventral
- C. Superior
- D. Proximal

4-3. **The Knee is _____ compared to the Ankle.** *(Emergency Care for Professional Responders)*

- A. Proximal
- B. Ventral
- C. Distal
- D. Inferior

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4-4. **The gallbladder is located in the _____ quadrant of the abdomen.** (*Emergency Care for Professional Responders*)

- A. Upper Left
- B. Lower Left
- C. Lower Right
- D. Upper Right

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4-5. **The _____ separates the Thoracic cavity and the Abdominal Cavity.** (*Emergency Care for Professional Responders*)

- A. Vena Cava
- B. Abdominal Aortic Arch
- C. Spinal Cord
- D. Diaphragm

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4-6. **The _____ extends from the bottom of the skull to the lower back.** (*Emergency Care for Professional Responders*)

- A. Cranial cavity
- B. Spinal cavity
- C. Thoracic cavity
- D. Abdominal cavity

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4-7. **Cells combine to form _____, which in turn make up organs.** (*Emergency Care for Professional Responders*)

- A. Tissues
- B. Molecules
- C. Body Systems
- D. Cavities

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4-8. **Bronchioles eventually terminate in millions of tiny air sacs called _____.** (*Emergency Care for Professional Responders*)

- A. Ravioli
- B. Arterioles
- C. Alveoli
- D. Capilleries

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4-9. **The Breathing process is _____ and controlled by the medulla oblongata at the base of the skull.** (*Emergency Care for Professional Responders*)

- A. Voluntary
- B. Involuntary
- C. Auto-pneumatic
- D. Despotic

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4-10. **The _____ is the control center for respiration.** (*Emergency Care for Professional Responders*)

- A. Brain
- B. Lung
- C. Diaphragm

D. Bronchiole

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4-11. _____ can present as a snorting, gurgling, moaning or gasping sound, a gaping mouth, or laboured breathing. (*Emergency Care for Professional Responders*)

- A. COPD
- B. Bronchitis
- C. Agonal Respirations
- D. Respiratory Arrest

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4-12. **The two upper chambers of the heart are called _____, and receive blood which is then passed down to the muscular pumping chambers called _____.** (*Emergency Care for Professional Responders*)

- A. Lymph Nodes ... Atria
- B. Atria ... Ventricles
- C. Ventricles ... Aorta
- D. Aorta ... Atria

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4-13. **Blood is pumped from the _____ and carried to the lungs.** (*Emergency Care for Professional Responders*)

- A. Left Atrium
- B. Left Ventricle
- C. Right Atrium
- D. Right Ventricle

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4-14. **Oxygenated blood enters the _____, returning from the lungs through the Pulmonary Vein.** (*Emergency Care for Professional Responders*)

- A. Left Atrium
- B. Left Ventricle
- C. Right Atrium
- D. Right Ventricle

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4-15. **The normal point of origin for the heart's electrical impulse is the _____, which is situated in the upper part of the heart's right atrium.** (*Emergency Care for Professional Responders*)

- A. AV Node
- B. SA Node
- C. AC Node
- D. DC Node

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4-16. **The normal conduction of electrical impulses in the heart, without any disturbances is called _____ rhythm.** (*Emergency Care for Professional Responders*)

- A. Cardiac
- B. Atrial
- C. Sinus
- D. Fibrillation

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4-17. **Red blood cells carry _____ away from the cells, so it can be exhaled.** (*Emergency Care for Professional Responders*)

- A. Carbon Monoxide
- B. Bicarbonate
- C. Nitrous Oxide
- D. Carbon Dioxide

4-18. Which of the following is NOT one of the interrelated functions performed by the Lymphatic System? (Emergency Care for Professional Responders)

- A. Removal of excess fluids
- B. Exchange of oxygen and carbon dioxide
- C. Absorption of fatty acids and transport of fat to the circulatory system
- D. Formation of white blood cells and initiation of immunity through formation of antibodies

4-19. The immune system is a network of _____, _____, and _____ that identify and destroy harmful foreign substances in the body. (Emergency Care for Professional Responders)

- A. Vessels ... nerves ... platelets
- B. Organs ... cells ... proteins
- C. Nerves ... platelets ... hormones
- D. Brain ... heart ... lungs

4-20. The body's innate defences include _____ and _____ barriers that prevent pathogens from entering or establishing themselves in the body. (Emergency Care for Professional Responders)

- A. Physical ... psychological
- B. Chemical ... mental
- C. Pharmaceutical ... hormonal
- D. Physical ... chemical

4-21. _____ is characterized by swelling, redness, heat, pain, and dysfunction of any organ involved. (Emergency Care for Professional Responders)

- A. Inflammation
- B. Infection
- C. Integration
- D. Ingratiation

4-22. Two specialized forms of White Blood Cell (WBC) called lymphocytes are called _____ cells, and _____ cells. (Emergency Care for Professional Responders)

- A. B ... T
- B. C ... A
- C. T ... B
- D. A ... T

4-23. In an anaphylactic reaction, a massive release of _____ causes widespread vasodilation, circulatory collapse, and severe bronchoconstriction. (Emergency Care for Professional Responders)

- A. Adrenaline
- B. Lymphocytes
- C. Histamine
- D. WBCs

4-24. Which of the following is NOT one of the brain's 3 primary function categories? (Emergency Care for Professional Responders)

- A. Sensory Function
- B. Motor Function
- C. Sinoatrial function
- D. Integrated functions

4-25. The _____, a large bundle of nerves, extends from the brain through a canal in the spine. (Emergency Care for Professional Responders)

- A. Urethra
- B. Neuropathy
- C. Spinal Cord
- D. Synapse

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4-26. Nerves are capable of regenerating themselves when they are damaged. (Emergency Care for Professional Responders)

- A. True
- B. False

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4-27. Which list accurately identifies the 5 regions of the spinal column? (Emergency Care for Professional Responders)

- A. Cervical ... Thoracic ... Lumbar ... Sacrum ... Coccyx
- B. Cervical ... Thoracic ... Lumbar ... Sacrum ... Coaxial
- C. Cervical ... Thrombolytic ... Lumbar ... Sacrum ... Coccyx
- D. Cervical ... Thoracic ... Lumber ... Scarum ... Coccyx

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4-28. The body has more than _____ muscles. Most are _____ muscles that attach to bones. (Emergency Care for Professional Responders)

- A. 6000 ... skeletal
- B. 600 ... skeletal
- C. 600 ... involuntary
- D. 400 ... skeletal

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4-29. Most skeletal muscles are anchored to a bone at each end by _____. (Emergency Care for Professional Responders)

- A. Ligaments
- B. Cartilage
- C. Tendons
- D. Ganglions

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4-30. The contraction and relaxation of muscles produces _____ and _____. (Emergency Care for Professional Responders)

- A. Motion ... Heat
- B. Motion ... Emotion
- C. Emotion ... Heat
- D. Friction ... Reflexion

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4-31. Involuntary muscles, such as the _____ and _____, are automatically controlled by the brain. (Emergency Care for Professional Responders)

- A. Heart ... Deltoid
- B. Diaphragm ... Quadriceps
- C. Heart ... Diaphragm
- D. Patella ... Biceps

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4-32. _____ are fibrous bands that hold bones together at joints. (Emergency Care for Professional Responders)

- A. Ligaments
- B. Tendons
- C. Cartilage

- D. Platelets

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4-33. **Each joint is surrounded by a capsule that releases _____ to lubricate the joint.** (*Emergency Care for Professional Responders*)

- A. Sinovial Fluid
 B. Mucousal Fluid
 C. T-cells
 D. B-cells

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4-34. **The _____ system consists of the skin, hair, and nails.** (*Emergency Care for Professional Responders*)

- A. Cohesive
 B. Integrated
 C. Autonomic
 D. Integumentary

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4-35. **The deeper or the two skin layers is called the _____** (*Emergency Care for Professional Responders*)

- A. Epidermis
 B. Dermatitis
 C. Subcutaneous
 D. Dermis

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4-36. **The _____ system is one of the body's two regulatory systems. Together with the nervous system, it coordinates the activities of the other systems.** (*Emergency Care for Professional Responders*)

- A. Endomitrial
 B. Endocrine
 C. Epidermal
 D. Enzymeal

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4-37. **Since most digestive system organs are in the _____ cavity, they are very vulnerable to injury.** (*Emergency Care for Professional Responders*)

- A. Cranial
 B. Lumbar
 C. Abdominal
 D. Pelvic

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4-38. **The primary organs of the Genitourinary System are the _____ and _____.** (*Emergency Care for Professional Responders*)

- A. Bowels ... Small Intestine
 B. Kidneys ... Bladder
 C. Large Intestine ... Gallbladder
 D. Spleen ... Pancreas

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4-39. **Body systems work independently of each other.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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4-40. **Which list correctly identifies the forces produced by mechanical energy?** (*Emergency Care for Professional Responders*)

- A. Direct ... Indirect ... Swivelling ... Contracting

- B. Direct ... Supradirect ... Twisting ... Contracting
- C. Direct ... Indirect ... Twisting ... Convulsing
- D. Direct ... Indirect ... Twisting ... Contracting

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4-41. The _____ separates the Thoracic and Abdominal cavities. *(Emergency Care for Professional Responders)*

- A. Spinal Cord
- B. Diaphragm
- C. Aorta
- D. Coccyx

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Section 5: Assessment

5-1. Checking for Hazards and the Environment is part of the _____ Assessment *(Emergency Care for Professional Responders)*

- A. Primary Assessment
- B. Secondary Assessment
- C. Ongoing Assessment
- D. Scene Assessment

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5-2. The acronym "MOI" stands for _____. *(Emergency Care for Professional Responders)*

- A. Motorized Occupant Incident
- B. Mechanism of Injury
- C. Method of Inhalation
- D. Modus Operandi Inclusion

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5-3. If the situation becomes dangerous once you have started to provide care and you cannot move the person, _____. *(Emergency Care for Professional Responders)*

- A. Inform Medical Control that you are operating in a hazardous environment
- B. Request the next arriving crew to bring equipment that will stabilize the scene
- C. Remain with the patient until you are physically injured to meet your legal obligations
- D. Cease care and retreat to safety

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5-4. Before beginning the Primary Assessment, _____. *(Emergency Care for Professional Responders)*

- A. Ensure you have a copy of your Certificate with you
- B. Ensure that you are wearing appropriate PPE for the situation
- C. Ensure your name tag is visible
- D. Ensure your vehicle is parked downhill and downwind from the incident

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5-5. If a patient only responds to commands or questions during the Primary Assessment, their LOR (Level of Responsiveness) would be categorized as _____. *(Emergency Care for Professional Responders)*

- A. Alert
- B. Verbal
- C. Painful
- D. Unresponsive

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5-6. You should initiate Spinal Motion Restriction measures whenever you suspect a spinal injury, unless doing so would _____. *(Emergency Care for Professional Responders)*

- A. Require physical effort
- B. Make transport inconvenient for the responders
- C. Interfere with care for life-threatening conditions
- D. Require the use of additional specialized equipment

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5-7. Which of the following situations would NOT lead you to suspect spinal injury? (Emergency Care for Professional Responders)

- A. Fall from a height greater than 1 meter or 5 stairs
- B. Gunshot Wound
- C. The patient's helmet is broken
- D. The patient is complaining of shortness of breath related to asthma

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5-8. If you suspect a head and/or spinal injury, attempt to open the airway using the _____ technique. (Emergency Care for Professional Responders)

- A. Head-Tilt/Chin Lift
- B. Head-Tongue-Jaw Lift
- C. Head-Lift/Jaw-Tilt
- D. Jaw Thrust

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5-9. When performing the ABC check in the Primary Assessment, you should assess the patient's breathing for no more than _____. (Emergency Care for Professional Responders)

- A. 60 seconds
- B. 45 seconds
- C. 120 seconds
- D. 10 seconds

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5-10. If an adult or child is responsive, check his or her pulse using the _____. (Emergency Care for Professional Responders)

- A. Carotid Artery
- B. Femoral Artery
- C. Brachial Artery
- D. Radial Artery

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5-11. The binding between _____ and _____ can be affected by several factors, including blood pH, temperature, the presence of carbon monoxide, and hemoglobin disorders. (Emergency Care for Professional Responders)

- A. Oxygen ... Carbon Dioxide
- B. Water ... Sugar
- C. Oxygen ... Hemoglobin
- D. Blood ... Capillaries

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5-12. The reading from a Pulse Oximeter appears as a percentage of hemoglobin saturated with oxygen. Normal saturation is approximately _____. (Emergency Care for Professional Responders)

- A. 50% - 100%
- B. 85% - 95%
- C. 75% - 100%
- D. 95% - 100%

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5-13. Which of the following is NOT a factor that may reduce the reliability of the pulse oximetry reading? (Emergency Care for Professional Responders)

- A. Ambient Light

- B. Patient is a high performance athlete
- C. Hypothermia
- D. Fingernail Polish

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5-14. **Consider discontinuing supplemental oxygen if the patient is not distressed and the saturation level is greater than _____.** *(Emergency Care for Professional Responders)*

- A. 98%
- B. 75%
- C. 85%
- D. 95%

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5-15. **The _____ is a systematic check of the patient's body, starting with the highest priority areas.** *(Emergency Care for Professional Responders)*

- A. GCS
- B. RBS
- C. MOI
- D. RTC

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5-16. **A patient with a life-threatening condition will fall into the _____ category.** *(Emergency Care for Professional Responders)*

- A. RBS
- B. MOI
- C. RTC
- D. GCS

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5-17. **Which of the following is NOT an example of an immediate transport emergency?** *(Emergency Care for Professional Responders)*

- A. Electrocution
- B. Decreased level of Responsiveness
- C. Unstable Pelvic Injury
- D. Slight Stomach Nausea

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5-18. **When possible, transport any of the patient's medications with the patient.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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5-19. **Most injured patients will find the most comfortable position for themselves.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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5-20. **The patient is lying on his or her back with the body elevated less than 45 degrees. This describes the _____ position.** *(Emergency Care for Professional Responders)*

- A. Lateral
- B. Fowler
- C. Semi-Fowler
- D. Trendelenburg

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5-21. **Reassessing a patient's _____ should occur frequently throughout assessment and care process.** *(Emergency Care for Professional Responders)*

- A. ABCs

- B. MOI
- C. T-Cells
- D. B-Cells

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5-22. Which of the following accurately lists the 3 steps involved with a Secondary Assessment? (Emergency Care for Professional Responders)

- A. RBS ... MOI ... GCS
- B. Interview ... Vital Signs ... Head-to-Toe Examination
- C. LOR ... Respirations ... ABCs
- D. Hazards & Environment ... SpO2 ... Transport Decision

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5-23. Which of the following accurately outlines the mnemonics associated with the Interview portion of the Secondary Survey? (Emergency Care for Professional Responders)

- A. ABC ... RBS ... RTC
- B. EXAMPLE ... QRSTUV
- C. SAMPLE ... OPQRST
- D. STAPLES ... SAMPLE

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5-24. Which of the following is NOT one of the Vital Signs? (Emergency Care for Professional Responders)

- A. SpO2
- B. Blood Pressure
- C. T-cell count
- D. Pupils

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5-25. The first set of vital signs taken from the patient is considered to be the _____ vital signs. (Emergency Care for Professional Responders)

- A. Primary
- B. Secondary
- C. Conclusive
- D. Baseline

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5-26. Which of the following accurately lists the 3 areas of patient response assessed using the Glasgow Coma Scale (GCS)? (Emergency Care for Professional Responders)

- A. Eyes ... Verbal ... Motor
- B. Cognitive ... Psychomotor ... Affective
- C. Physical ... Mental ... Psychological
- D. Emotional ... Rational ... Logical

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5-27. If a patient's eyes open to painful stimulus, their GCS Eye Opening score is... (Emergency Care for Professional Responders)

- A. 1
- B. 2
- C. 3
- D. 4

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5-28. If a patient does reply verbally at all, they are given a GCS Verbal Response score of (Emergency Care for Professional Responders)

- A. 0
- B. 1
- C. 2

D. 3

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5-29. **A patient who withdraws from painful stimulus has a GCS Motor Response score of _____.** (*Emergency Care for Professional Responders*)

A. 2

B. 3

C. 4

D. 5

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5-30. **Any patient with a GCS score of _____ or lower requires rapid transport.** (*Emergency Care for Professional Responders*)

A. 11

B. 12

C. 13

D. 14

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5-31. **The normal respiratory rate for an adult is between _____ and _____ breaths per minute.** (*Emergency Care for Professional Responders*)

A. 10 ... 20

B. 5 ... 15

C. 12 ... 20

D. 6 ... 30

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5-32. **During the Primary Assessment, you are concerned with whether a patient is breathing at all, whereas in the Secondary Assessment, you are concerned with the _____, _____, and _____ of breathing.** (*Emergency Care for Professional Responders*)

A. Rate ... Volume ... Repetition

B. Rhythm ... Character ... Continuation

C. Rate ... Rhythm ... Volume

D. Right ... Rise ... Revolution

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5-33. **A normal pulse for an adult is between _____ and _____ beats per minute.** (*Emergency Care for Professional Responders*)

A. 80 ... 120

B. 50 ... 60

C. 60 ... 100

D. 20 ... 80

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5-34. **In the Primary Assessment, you are concerned only with whether or not a pulse is present. In the Secondary Assessment, you are trying to determine pulse _____, _____, and _____.** (*Emergency Care for Professional Responders*)

A. Rate ... Rhythm ... Rise

B. Rate ... Rhythm ... Quality

C. Regularity ... Strength ... Consistency

D. Depth ... Pressure ... Quality

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5-35. **When the blood below the skin is oxygen deficient, it can give the skin a bluish tint referred to as _____.** (*Emergency Care for Professional Responders*)

A. Trichonosis

B. Cyanosis

C. Bronchospasm

D. Tuberculosis

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5-36. In a healthy person, the area beneath the nail will turn pale as you press it and turn pink again as you release and it refills with blood. If the area does not return to pink within _____, this indicates that circulation to the fingertip is impaired. (Emergency Care for Professional Responders)

- A. 2 minutes
- B. 2 seconds
- C. 30 seconds
- D. 45 seconds

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5-37. Pupils that are unequal, fully dilated, fully constricted, or unresponsive to light may indicate a serious head injury or illness. (Emergency Care for Professional Responders)

- A. True
- B. False

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5-38. Blood Pressure is measured in units called _____. (Emergency Care for Professional Responders)

- A. Millimoles per liter (mmol/l)
- B. Milligrams (mg)
- C. Microliters (mcl)
- D. Millimeters of mercury (mmHg)

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5-39. The pressure in the arteries when the heart is contracting is called _____. (Emergency Care for Professional Responders)

- A. Diastolic Blood Pressure
- B. Hypotensive Blood Pressure
- C. Systolic Blood Pressure
- D. Hypertensive Blood Pressure

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5-40. The pressure in the in the arteries when the Ventricles are relaxed and the heart is refilling is called _____. (Emergency Care for Professional Responders)

- A. Systolic Blood Pressure
- B. Hyperbaric Blood Pressure
- C. Parabolic Blood Pressure
- D. Diastolic Blood Pressure

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5-41. The two methods used to assess a patient's Blood Pressure are _____ and _____. (Emergency Care for Professional Responders)

- A. Evaluation ... Estimation
- B. Palpation ... Auscultation
- C. Diastolic ... Systolic
- D. Perpetration ... Ideation

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5-42. Quantifying a patient's blood glucose level can provide important information about a patient's condition. This is especially true in patients suffering from _____. (Emergency Care for Professional Responders)

- A. Diabetes
- B. Anxiety
- C. Anemia
- D. Hypotension

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5-43. Blood Glucose is measured in _____. (Emergency Care for Professional Responders)

- A. Millimeters of Mercury (mmHg)
- B. Millileters (ml)

- C. Microliters (mcl)
- D. Millimoles per liter (mmol/L)

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5-44. **The physical exam process involves _____, _____, and _____.** (*Emergency Care for Professional Responders*)

- A. Inspection ... Detection ... Correction
- B. Looking ... Listening ... Feeling
- C. Scene Assessment ... Primary Assessment ... Ongoing Assessment
- D. Inspection ... Auscultation ... Palpation

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5-45. **Conducting a _____ assessment includes instructing the patient to move his or her toes, foot, and leg watching for any signs of impaired function.** (*Emergency Care for Professional Responders*)

- A. Distal Circulation
- B. Level of Responsiveness
- C. Motor-Sensory
- D. Range of Motion

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5-46. **When you complete the head-to-toe physical examination, reassess the patient's _____.** (*Emergency Care for Professional Responders*)

- A. ROM
- B. ABCs
- C. GCS
- D. SAMPLE

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5-47. **Patient Care should be delayed to fill out paperwork.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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5-48. **A life-threatening condition, such as respiratory or cardiac arrest, can occur suddenly, even in a patient whose ABCs and Vital Signs were initially normal.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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5-49. **Approximately 500 ml per inspiration is the _____ for a normal healthy adult.** (*EMR Cheat Sheet*)

- A. Oxygen Exchange Rate
- B. VO2 Max
- C. Diaphragmatic Imposition
- D. Tidal Volume

Section 6: Airway Management & Respiratory Emergencies

6-1. **Respiratory Distress is also referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Apnea
- B. Ataxia
- C. Hypervolemia
- D. Dyspnea

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6-2. **An insufficient amount of oxygen being delivered to the cells is referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Ataxia
- B. Hypoxia
- C. Hyperoxemia
- D. Cyanosis

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6-3. **A patient experiencing a respiratory emergency may place themselves in an unusual position such as the _____ position.** (*Emergency Care for Professional Responders*)

- A. Tripod
- B. Tracheal Shift
- C. Prone
- D. Pole

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6-4. **A patient experiencing restlessness or anxiety related to a respiratory emergency is an example of _____.** (*Emergency Care for Professional Responders*)

- A. Abnormal respiratory rate
- B. Emotional effects
- C. Neurological effects
- D. Abnormal skin characteristics

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6-5. **An FBAO is a _____.** (*Emergency Care for Professional Responders*)

- A. Front Brachial Artery Obstruction
- B. Foreign Body Arterial Obfuscation
- C. Front Body Airway Opening
- D. Foreign Body Airway Obstruction

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6-6. **Coughing is usually more effective when the patient is in a _____ position and leaning _____ slightly.** (*Emergency Care for Professional Responders*)

- A. Supine ... Forward
- B. Seated ... Forward
- C. Seated ... Upward
- D. Trendelenburg ... Laterally

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6-7. **There are _____ interventions available for anatomical airway obstructions.** (*Emergency Care for Professional Responders*)

- A. More
- B. Better
- C. Fewer
- D. Simpler

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6-8. **Which of the following correctly lists the 3 interventions appropriate for removing a foreign body airway obstruction?** (*Emergency Care for Professional Responders*)

- A. Back Blows ... Abdominal Thrusts ... Cranial Thrusts
- B. Back Blows ... Abdominal Thrusts ... Chest Thrusts
- C. Back Thrusts ... Abdominal Massage ... Pericardial Thump
- D. Back Blows ... Aortic Thrusts ... Chest Thrusts

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6-9. **Regardless of the FBAO removal technique you choose, you should perform the first method up to _____ times, checking after each one to whether the object has been dislodged.** (*Emergency Care for Professional Responders*)

- A. 3

- B. 4
- C. 5
- D. 6

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6-10. **If the patient is in a wheelchair, lock the wheels before providing care.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-11. **The methods used to remove a foreign body airway obstruction from a responsive patient are _____ effective for an unresponsive patient.** (*Emergency Care for Professional Responders*)

- A. Equally
- B. More
- C. Less
- D. Not

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6-12. **The intervention to remove a foreign body airway obstruction from an unresponsive adult or child is similar to _____.** (*Emergency Care for Professional Responders*)

- A. The interventions utilized for responsive patients
- B. A Rapid Body Survey
- C. The chest compressions performed during CPR
- D. Chest Auscultation

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6-13. **It is preferable to _____ or _____ while performing back blows and modified chest thrusts for an unresponsive infant with a foreign body airway obstruction.** (*Emergency Care for Professional Responders*)

- A. Scream ... Cry
- B. Jump ... Crawl
- C. Sing ... Coo
- D. Sit ... Kneel

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6-14. **While delivering chest thrusts to remove a foreign body airway obstruction from a responsive infant, the infant's head should be _____ the chest.** (*Emergency Care for Professional Responders*)

- A. Above
- B. Level with
- C. Tucked into
- D. Lower than

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6-15. **Do not use a finger sweep to remove an object from an infant's mouth.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-16. _____ **is a life-threatening allergic reaction that causes the air passages to constrict.** (*Emergency Care for Professional Responders*)

- A. Asthma
- B. Anaphylaxis
- C. Anaphylactic Shock
- D. Both B and C

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6-17. **The respiratory issues caused by anaphylaxis can progress to an obstructed airway as the _____ and _____ swell.** (*Emergency Care for Professional Responders*)

- A. Brain ... Heart
- B. Bronchioles ... Alveoli
- C. Lungs ... Diaphragm
- D. Tongue ... Throat

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6-18. **Epinephrine corrects the underlying condition of anaphylaxis.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-19. **Before assisting a patient with their Epi-Pen or oral antihistamines, you must check the _____ of medication.** (*Emergency Care for Professional Responders*)

- A. 7 Musts
- B. 8 Dont's
- C. 5 Confirmations
- D. 6 Rights

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6-20. **Which 3 general conditions encompass Chronic Obstructive Pulmonary Disease (COPD)?** (*Emergency Care for Professional Responders*)

- A. Asthma ... Anaphylaxis ... FBAO
- B. Emphysema ... Chronic Bronchitis ... Bronchospasm
- C. Emphysema ... Pneumonia ... Anaphylaxis
- D. Asthma ... Pneumonia ... Anaphylaxis

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6-21. **Patients with COPD may eventually develop a _____ drive to breathe.** (*Emergency Care for Professional Responders*)

- A. Hypercarbic
- B. Hypotensive
- C. Cyanotic
- D. Hypoxic

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6-22. **High flow oxygen should not be administered to a patient with COPD, who is acutely short of breath.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-23. **Which of the following is NOT considered a typical sign or symptom of Acute Respiratory Distress Syndrome (ARDS)?** (*Emergency Care for Professional Responders*)

- A. Hives and itchiness
- B. Rapid Breathing (Tachypnea)
- C. Cyanosis
- D. Pulmonary Edema

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6-24. **During an asthma attack, the air passages become constricted or narrowed by a spasm of the muscles lining the _____.** (*Emergency Care for Professional Responders*)

- A. Bronchi
- B. Coccyx
- C. Alveoli
- D. Diaphragm

6-25. **A characteristic sign of Asthma is wheezing during _____.** (*Emergency Care for Professional Responders*)

- A. Inhalation
- B. Sleep
- C. Exertion
- D. Exhalation

6-26. **A prescription _____ may or may not be used with a spacer and/or a mask.** (*Emergency Care for Professional Responders*)

- A. Diskus Inhaler
- B. Metered-Dose Inhaler
- C. Epi-Pen
- D. Sphagmomanometer

6-27. **Which of the following is NOT a typical sign or symptom of Pneumonia?** (*Emergency Care for Professional Responders*)

- A. Dyspnea
- B. Tachypnea
- C. Pleuritic Chest Pain
- D. Unproductive Cough

6-28. _____ **can occur when excess fluid leaks out into the alveoli, and that fluid builds up in the lungs.** (*Emergency Care for Professional Responders*)

- A. Pulmonary Edema
- B. Myocardial Infarction
- C. Pulmonary Embolism
- D. Anaphylaxis

6-29. _____ **is the most common cause of Pulmonary Edema.** (*Emergency Care for Professional Responders*)

- A. Stroke
- B. Congestive Heart Failure
- C. Asthma
- D. Crohn's Disease

6-30. **The best position for a patient with Pulmonary Edema will generally be _____.** (*Emergency Care for Professional Responders*)

- A. Supine
- B. Legs dangling
- C. Trendelenburg
- D. Semi-Prone

6-31. **Which of the following is NOT considered a potential cause of Pulmonary Embolism?** (*Emergency Care for Professional Responders*)

- A. Blood Clot
- B. Tumor Tissue
- C. Air
- D. Asthma

6-32. **A characteristic sign of _____ is rapid, shallow breathing.** (*Emergency Care for Professional Responders*)

- A. Hypotension

- B. Hyperglycemia
- C. Hyperventilation
- D. Hypertension

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6-33. **Respiratory arrest, or a respiratory rate lower than _____ breaths per minute or higher than _____ breaths per minute indicates a need for assisted ventilation.** (*Emergency Care for Professional Responders*)

- A. 12 ... 60
- B. 5 ... 10
- C. 10 ... 30
- D. 30 ... 15

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6-34. **The patient's chest should rise with each ventilation.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-35. **When assisting ventilations, provide 1 ventilation every _____ seconds for an adult and every _____ seconds for a child or infant.** (*Emergency Care for Professional Responders*)

- A. 10 ... 30
- B. 5-6 ... 10-15
- C. 8 ... 7
- D. 5-6 ... 3-5

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6-36. **Air in the stomach is called _____, which can cause a patient to vomit.** (*Emergency Care for Professional Responders*)

- A. Hypervolemia
- B. Gastric Distension
- C. Jugular Vein Distension
- D. Abdominal Thrust

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6-37. **It may be easier to create a seal using an infant or child-sized mask when ventilating into a Stoma.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-38. **Dentures help with assisted ventilations by supporting the patient's mouth and cheeks.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-39. **Which of the following is NOT considered a criteria for an effective resuscitation mask?** (*Emergency Care for Professional Responders*)

- A. Transparent
- B. One-Way Valve
- C. Rigid
- D. Biofilter

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6-40. **One advantage of a Bag-Valve-Mask over a resuscitation mask is that a BVM is easier to use and requires less regular practice.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

6-41. **Although a single responder may be able to use a BVM effectively, it is best used by two Responders.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

6-42. **The normal concentration of oxygen in the air is approximately _____.** (*Emergency Care for Professional Responders*)

- A. 21%
- B. 25%
- C. 57%
- D. 42%

6-43. **Grease, oil, tape and petroleum products are effective lubricants for oxygen regulator equipment.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

6-44. **Which of the following is NOT considered an indication for high-flow oxygen?** (*Emergency Care for Professional Responders*)

- A. Patient is Hypoxic
- B. Patient is suffering from Dyspnea
- C. The patient's SpO2 is above 98%
- D. Patient has been exposed to Carbon Monoxide

6-45. **Oxygen regulators normally deliver between _____ and _____ liters per minute (LPM).** (*Emergency Care for Professional Responders*)

- A. 1 ... 25
- B. 5 ... 30
- C. 4 ... 15
- D. 3 ... 28

6-46. **Unless the manufacturer's specifications dictate otherwise, Oxygen cylinders should be hydrostatically tested every _____ years.** (*Emergency Care for Professional Responders*)

- A. 2
- B. 10
- C. 5
- D. 15

6-47. **A Nasal Canula is normally used at an oxygen flow rate of _____ to _____ LPM.** (*Emergency Care for Professional Responders*)

- A. 1 ... 4
- B. 5 ... 15
- C. 2 ... 8
- D. 10 ... 12

6-48. **A Resuscitation Mask is normally used at an oxygen flow rate of _____ to _____ LPM.** (*Emergency Care for Professional Responders*)

- A. 1 ... 4
- B. 10 ... 15
- C. 6 ... 10
- D. 8 ... 12

6-49. **A Non-Rebreather Mask is normally used at an oxygen flow rate of _____ to _____ LPM.** (*Emergency Care for Professional Responders*)

- A. 1 ... 4
- B. 10 ... 15
- C. 6 ... 10
- D. 8 ... 12

6-50. **A Bag-Valve-Mask is typically used at an oxygen flow rate of _____ LPM, and delivers an oxygen concentration of _____.** (*Emergency Care for Professional Responders*)

- A. 10 ... 80%
- B. 15 ... 50%
- C. 12 ... 85%
- D. 15 ... 90+%

6-51. **An oxygen cylinder's valve should be opened for a maximum of one second to to remove any dirt or debris from the valve.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

6-52. **A properly sized Oropharyngeal Airway (OPA) should extend from the _____ to the _____.** (*Emergency Care for Professional Responders*)

- A. Nose ... Pharynx
- B. Jaw ... Nose
- C. Earlobe ... Tip of Nose
- D. Earlobe ... Corner of Mouth

6-53. **When inserting an OPA for a(n) _____, place some padding under the patient's shoulders to help maintain the neutral position of the head without hyperextending the neck.** (*Emergency Care for Professional Responders*)

- A. Adult
- B. Child
- C. Infant
- D. Unresponsive patient

6-54. **The two most common methods of opening a patient's mouth to assess the upper airway are the _____ technique and the _____ technique.** (*Emergency Care for Professional Responders*)

- A. Jaw Thrust ... Head-Tilt / Chin-Lift
- B. Tongue-Jaw Lift ... Finger Sweep
- C. Crossed-Finger ... Tongue-Jaw Lift
- D. Prone Roll ... Manual Suction

6-55. **A properly sized Nasopharyngeal Airway (NPA) should extend from the _____ to the _____.** (*Emergency Care for Professional Responders*)

- A. Nose ... Pharynx
- B. Jaw ... Nose
- C. Earlobe ... Tip of Nose
- D. Earlobe ... Corner of Mouth

6-56. **Whenever you are providing assisted ventilations, it is a good practice to have the suction unit on standby so you can use it immediately if the patient vomits.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-57. **Suctioning devices are most effective when removing _____.** (*Emergency Care for Professional Responders*)

- A. Blood Clots
- B. Large pieces of food
- C. Fluids
- D. All of the above

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6-58. **The distance of insertion for a suctioning device is the distance from the patient's _____ to the patient's _____.** (*Emergency Care for Professional Responders*)

- A. Nose ... Pharynx
- B. Jaw ... Nose
- C. Earlobe ... Tip of Nose
- D. Earlobe ... Corner of Mouth

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6-59. **If a patient has a tracheostomy or stoma, suction through the patient's hole.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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6-60. **Which of the following is NOT considered a general principle helpful for most patients with respiratory distress?** (*Emergency Care for Professional Responders*)

- A. Assist the patient in taking any prescribed medication for the condition
- B. Yell loudly so the patient can hear you over their breathing
- C. Calm the patient to slow his or her breathing
- D. Have the patient rest in a comfortable position.

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6-61. **When providing assisted ventilations to a patient with a pulse in respiratory arrest, recheck the patient's pulse after every _____ minutes to confirm that the heart is still beating.** (*Emergency Care for Professional Responders*)

- A. 5
- B. 15
- C. 2
- D. 30

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6-62. **Anaphylaxis is generally accompanied by a drop of _____ in systolic blood pressure.** (*EMR Cheat Sheet*)

- A. 50%
- B. 15%
- C. 100%
- D. 30%

Section 7: Circulatory Emergencies

7-1. _____ is a term used to refer to a broad range of abnormal conditions affecting the heart and blood vessels. (*Emergency Care for Professional Responders*)

- A. CVA
- B. CHF
- C. CVD

D. CHD

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7-2. _____ occurs when arteries become hardened, narrowed, and less elastic. (*Emergency Care for Professional Responders*)

- A. Deep Vein Thrombosis
- B. COPD
- C. Atherosclerosis
- D. Emphysema

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7-3. _____ occurs when the oxygen demands of the heart exceed the available supply of oxygen rich blood. (*Emergency Care for Professional Responders*)

- A. Angina Pectoris
- B. Angina
- C. Atherosclerosis
- D. Both A and B

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7-4. **Stable Angina usually lasts _____.** (*Emergency Care for Professional Responders*)

- A. More than 10 minutes
- B. Less than 10 minutes
- C. More than 5 hours
- D. More than 24 hours

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7-5. **Unstable Angina is similar to Myocardial Infarction (MI), except that the effects are usually _____.** (*Emergency Care for Professional Responders*)

- A. More severe
- B. Usually temporary
- C. Usually Permanent
- D. Less frequent

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7-6. **If unsure whether the patient is experiencing angina or an MI, treat the patient for angina.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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7-7. **The most prominent symptom of a Myocardial Infarction (MI) is persistent _____.** (*Emergency Care for Professional Responders*)

- A. Headache
- B. Depression
- C. Hypotension
- D. Chest Pain

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7-8. **Heart Attacks are always preceded by clear and distinct signs and symptoms.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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7-9. **Chest Pain caused by Myocardial Infarction may spread to the shoulder, arm, neck, or _____.** (*Emergency Care for Professional Responders*)

- A. Head
- B. Jaw
- C. Fingers

D. Toes

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7-10. **Which of the following is NOT considered a "Soft" sign of Myocardial Infarction?** (*Emergency Care for Professional Responders*)

- A. Focused, severe Chest Pain
- B. Fatigue
- C. Nausea
- D. Vomiting

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7-11. **Most patients die within _____ after the first appearance of MI signs and symptoms.** (*Emergency Care for Professional Responders*)

- A. 1 - 2 minutes
- B. 1 - 2 hours
- C. 1 - 2 days
- D. 6 - 12 hours

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7-12. **Most MIs result from _____ in the coronary arteries.** (*Emergency Care for Professional Responders*)

- A. Air bubbles
- B. Calcium spurs
- C. Blood Clots
- D. Carbon Dioxide

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7-13. _____ **thins the blood and reduces the formation of clots.** (*Emergency Care for Professional Responders*)

- A. Acetaminophen
- B. Ibuprofen
- C. A and B
- D. Acetylsalicylic Acid

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7-14. **ASA is _____ for patients with asthma or bleeding conditions such as ulcers.** (*Emergency Care for Professional Responders*)

- A. Contraindicated
- B. Indicated
- C. Beneficial
- D. Recommended

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7-15. _____ **is a vasodilator medication often prescribed for angina.** (*Emergency Care for Professional Responders*)

- A. Nitrous Oxide
- B. Nitrogen Dioxide
- C. Nitroglycerin
- D. Nitrogen Oxide

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7-16. **Nitroglycerin _____ blood pressure.** (*Emergency Care for Professional Responders*)

- A. Reduces
- B. Improves
- C. Increases
- D. Raises

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7-17. **Combining Nitroglycerin with Viagra, Levitra or Cialis can cause _____.** *(Emergency Care for Professional Responders)*

- A. A fatal lowering of blood pressure
- B. Hypertensive Shock
- C. Atherosclerosis
- D. A reduction in MI chest pain

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7-18. **The _____ side of the heart receives blood from the lungs, so _____ sided heart failure causes blood to back up in the alveoli.** *(Emergency Care for Professional Responders)*

- A. Right ... Left
- B. Left ... Left
- C. Right ... Right
- D. Left ... Right

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7-19. **Which of the following is NOT a typical sign or symptom of Left-Sided heart failure?** *(Emergency Care for Professional Responders)*

- A. Coughing up foamy sputum (sometimes blood tinged)
- B. Cyanosis
- C. Decreased Heart Rate
- D. History of shortness of breath when lying down, which gets better when standing

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7-20. **Right-sided heart failure usually occurs due to _____.** *(Emergency Care for Professional Responders)*

- A. Hypertension
- B. Hypotension
- C. Left-sided heart failure
- D. Ventricular Fibrillation

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7-21. **Which of the following is NOT considered a typical sign or symptom of Right-Sided Heart Failure?** *(Emergency Care for Professional Responders)*

- A. Jugular Vein Distension
- B. Urinating more frequently at night
- C. Swelling of the upper extremities
- D. Shortness of breath

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7-22. **Jugular Vein Distension (JVD) is most easily assessed when a patient is in the _____ position.** *(Emergency Care for Professional Responders)*

- A. Supine
- B. Prone
- C. Fowler's
- D. Semi-Fowler's

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7-23. **A person who goes into cardiac arrest will not have a _____, and _____ will soon cease (if it has not already).** *(Emergency Care for Professional Responders)*

- A. GCS ... Speech
- B. Pulse ... Respiration
- C. Hypoxic drive ... JVD
- D. PHN ... Incontinence

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7-24. **In children and infants, Cardiac Arrest is typically caused by _____.** *(Emergency Care for Professional Responders)*

- A. Atherosclerosis

- B. CVD
- C. Respiratory Arrest
- D. CHF

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7-25. **Ensure you assess the patient's respiration thoroughly, and confirm whether a _____ pulse is present (or the _____ pulse in the case of infants).** (*Emergency Care for Professional Responders*)

- A. Carotid ... Brachial
- B. Femoral ... Temporal
- C. Radial ... Popliteal
- D. Carotid ... Radial

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7-26. **An extreme arrhythmia in which the heart is quivering (rather than truly contracting) is referred to as ____.** (*Emergency Care for Professional Responders*)

- A. Attenuation
- B. Fibrillation
- C. Automation
- D. Exhumation

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7-27. **Which of the following identifies the two most commonly shockable heart rhythms?** (*Emergency Care for Professional Responders*)

- A. Ventricular Fibrillation ... Ventricular Tachycardia
- B. Asystole ... Pulseless Electrical Activity
- C. Sinus Rhythm ... Tachycardiac Fibrillation
- D. Sinus Electrical Activity ... Automated Tachycardia

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7-28. **Cardiopulmonary Resuscitation (CPR) consists of cycles, which are sets of _____ and _____ given in a set ratio.** (*Emergency Care for Professional Responders*)

- A. Shocks ... Compressions
- B. Compressions ... Vital Signs
- C. Compressions ... Ventilations
- D. Ventilations ... Shocks

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7-29. **Once started, CPR should only be interrupted to perform critical interventions (such as clearing the airway) or when there are obvious changes in the patient's condition (such as _____).** (*Emergency Care for Professional Responders*)

- A. Cyanosis
- B. Return of Spontaneous Circulation
- C. Faint Gurgling
- D. Muscle spasm during AED shock

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7-30. **During CPR performance, Compressions should be given at a rate of approximately _____ per minute.** (*Emergency Care for Professional Responders*)

- A. 100 - 120
- B. 50 - 80
- C. 120 - 150
- D. 15 - 30

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7-31. **The percentage of total CPR time in which the patient is receiving compressions is referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Defibrillation
- B. Fibrillation

- C. Compression Action
- D. Compression Fraction

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7-32. **To perform CPR compressions on an adult or child, place the heel of one hand over the patient's _____, then place your other hand on top and grip the lower hand with your fingers.** (*Emergency Care for Professional Responders*)

- A. Lower Sternum
- B. Center of the chest
- C. Either A or B
- D. Diaphragm

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7-33. **What are the two appropriate compression methods for infants?** (*Emergency Care for Professional Responders*)

- A. Chest Fibrillation ... Pericardial Thump
- B. Twisting Torso ... Double Pump
- C. Auscultation ... Palpation
- D. Encircling Thumbs ... Two-Finger

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7-34. **Correct body position makes CPR _____ effective and also _____ responder fatigue.** (*Emergency Care for Professional Responders*)

- A. Less ... Increases
- B. More ... Eliminates
- C. More ... Decreases
- D. Less ... Eliminates

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7-35. **When the chest recoils _____, it allows the heart to expand and fill with blood.** (*Emergency Care for Professional Responders*)

- A. Completely
- B. Partially
- C. Rapidly
- D. Slowly

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7-36. **When performing CPR on adults, the chest should be compressed at least _____.** (*Emergency Care for Professional Responders*)

- A. 5 cm
- B. 2 inches
- C. Both A and B
- D. 4 inches

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7-37. **When performing CPR compressions on a child, infant, or neonate, compress to a depth of at least _____ of the anteroposterior diameter of the chest.** (*Emergency Care for Professional Responders*)

- A. One-Third
- B. Two-Thirds
- C. Three-Quarters
- D. One-Fifth

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7-38. **When two or more responders are performing CPR, they should switch roles every _____ minutes to avoid fatigue and maintain a high quality of compressions.** (*Emergency Care for Professional Responders*)

- A. 2
- B. 5
- C. 10

D. 15

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7-39. **When two or more professional responders are performing CPR on an Adult, the compression to ventilation ratio should be _____.** *(Emergency Care for Professional Responders)*

- A. 30:1
- B. 15:2
- C. 3:1
- D. 30:2

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7-40. **When two or more professional responders are performing CPR on an Infant, the compression to ventilation ratio should be _____.** *(Emergency Care for Professional Responders)*

- A. 30:2
- B. 30:1
- C. 15:2
- D. 10:1

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7-41. **When two or more professional responders are performing CPR on a Neonate, the compression to ventilation ratio should be _____.** *(Emergency Care for Professional Responders)*

- A. 30:1
- B. 3:1
- C. 15:2
- D. 30:2

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7-42. **Dynamic CPR is performed while a patient is _____.** *(Emergency Care for Professional Responders)*

- A. Unresponsive
- B. In Cardiac Arrest
- C. Being Moved
- D. Being Assessed

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7-43. **As soon as you determine that the patient is in Cardiac Arrest, deploy the defibrillator.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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7-44. **Defibrillation is not indicated for _____.** *(Emergency Care for Professional Responders)*

- A. Infants
- B. Neonates
- C. Adults
- D. Children

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7-45. **Compressions should be continued while the AED charges.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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7-46. **It is crucial that no one touch the patient while the AED shock is administered.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

7-47. **Which of the following describes a Defibrillation precaution?** *(Emergency Care for Professional Responders)*

- A. Do not use a defibrillator in a moving vehicle
- B. Do not defibrillate in the presence of flammable materials
- C. Do not touch a patient while the shock is delivered
- D. All of the above

7-48. **When performing CPR on a visibly pregnant woman, place a blanket under her _____, to help return blood to the heart.** *(Emergency Care for Professional Responders)*

- A. Head
- B. Legs
- C. Left Hip
- D. Right Hip

7-49. **It is safe to use a defibrillator normally on a pregnant woman.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

7-50. **A defibrillator pad can be placed directly on top of a transdermal patch.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

7-51. **AED pads should be placed at least _____ from any Pacemakers, Internal Defibrillators, or metal jewelry.** *(Emergency Care for Professional Responders)*

- A. 1 inch
- B. 2.5 cm
- C. Either A or B
- D. 5 inches

7-52. **It is safe to use an AED while the patient is in a puddle of water.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

7-53. **An infant is considered a Neonate from _____ to _____.** *(Emergency Care for Professional Responders)*

- A. Birth ... 1 year
- B. Birth ... 28 days
- C. 28 days ... 1 year
- D. 1 year ... Puberty

7-54. **Defibrillator pads should be removed upon Return of Spontaneous Circulation (ROSC).** *(Emergency Care for Professional Responders)*

- A. True
- B. False

7-55. **A Cerebrovascular Accident (CVA) is also known as a _____.** *(Emergency Care for Professional Responders)*

- A. Heart Attack
- B. Angina

- C. Stroke
- D. CVD

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7-56. **A(n) _____ is similar to a stroke in its signs and symptoms, but usually resolves quickly without permanent tissue damage.** (*Emergency Care for Professional Responders*)

- A. MCI
- B. CVA
- C. TIA
- D. CHF

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7-57. **A Transient Ischemic Attack is sometimes referred to as a _____.** (*Emergency Care for Professional Responders*)

- A. Mini-stroke
- B. Warning Stroke
- C. Thrombotic Stroke
- D. Both A and B

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7-58. **What are the two main types of Ischemic Stroke?** (*Emergency Care for Professional Responders*)

- A. Hemorrhagic and Thrombotic
- B. Thrombotic and Embolic
- C. Mini and Warning
- D. Transient and Embolic

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7-59. **What are the two type of hemorrhage that commonly cause Strokes?** (*Emergency Care for Professional Responders*)

- A. Intracerebral and Subarachnoid
- B. Intercerebral and Superarachnoid
- C. Thrombotic and Embolic
- D. Arachnoid and Subcerebral

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7-60. **Which of the following is NOT considered a common sign or symptom of a CVA?** (*Emergency Care for Professional Responders*)

- A. Chest Pain
- B. Sudden weakness and/or numbness of the face, arm or leg on one side of the body
- C. Ringing in the ears
- D. Pupils of unequal size

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7-61. **Patients experiencing a suspected CVA are _____ in the Rapid Transport Category.** (*Emergency Care for Professional Responders*)

- A. Always
- B. Sometimes
- C. Never
- D. Usually

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7-62. **What are the two scales commonly used to assess a patient who has a suspected CVA?** (*Emergency Care for Professional Responders*)

- A. FAST and CPSS
- B. STROKE and GCS
- C. FAST and SLOW
- D. SAMPLE and OPQRST

Section 8: Shock

8-1. **Which of the following is NOT one of the three conditions necessary for maintaining perfusion?** *(Emergency Care for Professional Responders)*

- A. Heart functioning effectively
- B. Adequate quantity of blood circulating in the body
- C. Blood vessels able to control blood flow by dilating and constricting
- D. SpO2 above 98%

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8-2. **_____ refers to a series of responses that results in a combination of signs and symptoms created by the body's attempts to maintain adequate blood flow to the vital organs and prevent them from shutting down.** *(Emergency Care for Professional Responders)*

- A. Hypovolemia
- B. Shock
- C. Infarction
- D. Stroke

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8-3. **The type of shock caused by the heart not functioning properly is referred to as _____ shock.** *(Emergency Care for Professional Responders)*

- A. Hypovolemic
- B. Septic
- C. Cardiogenic
- D. Distributive

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8-4. **The type of shock caused by the quantity of blood circulating in the body being too low is referred to as _____ shock.** *(Emergency Care for Professional Responders)*

- A. Cardiogenic
- B. Hypovolemic
- C. Septic
- D. Obstructive

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8-5. **The type of shock caused by the blood vessels being unable to constrict properly is referred to as _____ shock.** *(Emergency Care for Professional Responders)*

- A. Distributive
- B. Hypovolemic
- C. Relative Hypovolemic
- D. Both A and C

Page 164-165 of the Emergency Care for Professional Responders text book

8-6. **Pulmonary Embolism and Tension Pneumothorax are examples of potential causes of _____ shock.** *(Emergency Care for Professional Responders)*

- A. Obstructive
- B. Hypovolemic
- C. Neurogenic
- D. Distributive

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8-7. **Hemorrhagic Shock is an example of true hypovolemic Shock.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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8-8. **Neurogenic Shock is an example of true hypovolemic Shock.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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8-9. **Psychogenic Shock is an example of true hypovolemic Shock.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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8-10. **Septic Shock is an example of true hypovolemic Shock.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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8-11. **Anaphylactic Shock is an example of true hypovolemic Shock.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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8-12. **Which of the following is NOT one of the three stages of shock?** (*Emergency Care for Professional Responders*)

- A. Reversible
- B. Compensated
- C. Decompensated
- D. Irreversible

Page 165-166 of the Emergency Care for Professional Responders text book

8-13. **The Trendelenburg position is not indicated if the patient has experienced trauma that is putting stress on the cardiovascular system, or if the patient's Systolic blood pressure is above _____.** (*Emergency Care for Professional Responders*)

- A. 160 mmHg
- B. 180 mmHg
- C. 120 mmHg
- D. 100 mmHg

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8-14. **Why should you generally avoid giving a patient in shock anything to eat or drink?** (*Emergency Care for Professional Responders*)

- A. They aren't responsive enough to know what they want
- B. They may have an anaphylactic reaction to water
- C. They may require surgery
- D. They will not be able to taste what they eat

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8-15. **The chain of cause and effect as shock progresses from initial injury to death is referred to as the _____.** (*Emergency Care for Professional Responders*)

- A. Vital Link
- B. Chain of Events
- C. Domino Effect
- D. Circle of Life

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8-16. **Because _____ is the underlying condition caused by shock, high-flow supplemental oxygen is indicated.** (*Emergency Care for Professional Responders*)

- A. Hypoxia
- B. Hyperoxemia
- C. Hypertension

D. COPD

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Section 9: Hemorrhage & Soft Tissue Trauma

9-1. **When the gap between a wound's edges is so large that the wound cannot be closed, healing occurs through _____.** *(Emergency Care for Professional Responders)*

- A. Degradation
- B. Emulsification
- C. Exfoliation
- D. Granulation

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9-2. **When cleaning the area around a wound, always wipe _____ the wound.** *(Emergency Care for Professional Responders)*

- A. On the surface of
- B. Into the center of
- C. In concentric circles around
- D. Away from

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9-3. **Which of the following is NOT considered a typical sign or symptom of systemic infection?** *(Emergency Care for Professional Responders)*

- A. General Malaise
- B. Cyanosis
- C. Red streaks moving away from the wound and toward the heart
- D. Nausea

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9-4. **Tetanus is sometimes referred to as _____.** *(Emergency Care for Professional Responders)*

- A. Lockjaw
- B. Rabies
- C. Bird Flu
- D. Scabies

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9-5. **Gangrene is highly infectious.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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9-6. **A _____ is a piece of material (usually cloth or elastic) used to hold a _____ in place.** *(Emergency Care for Professional Responders)*

- A. Dressing ... Bandage
- B. Tourniquet ... Amputation
- C. Bandage ... Dressing
- D. Spider Strap ... Spineboard

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9-7. **Air and water tight dressings are referred to as _____.** *(Emergency Care for Professional Responders)*

- A. Occlusive
- B. Non-Occlusive
- C. Obtrusive
- D. Obstructive

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9-8. Which of the following does NOT likely require sutures or stitches? (Emergency Care for Professional Responders)

- A. Wounds more than 1 inch (2.5 cm) long
- B. Wounds on the face or head
- C. Punctures from a blood glucometer lancet
- D. Human or animal bites

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9-9. A _____ is used to treat a hemorrhage when all other interventions are impossible or have been ineffective. (Emergency Care for Professional Responders)

- A. Lancet
- B. Tourniquet
- C. Bandage
- D. Dressing

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9-10. A tourniquet should be applied _____ above the injury and just above any joint in this range. (Emergency Care for Professional Responders)

- A. 5-10 cm
- B. 2-4 inches
- C. Both A and B
- D. 2 feet

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9-11. Bleeding from _____ is often hemorrhagic (rapid, profuse and life-threatening). (Emergency Care for Professional Responders)

- A. Capillaries
- B. Veins
- C. Arteries
- D. All of the above

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9-12. Applying a dressing and bandage to an external bleed is an example of _____. (Emergency Care for Professional Responders)

- A. Direct Pressure
- B. Indirect Pressure
- C. Pressure Point
- D. Sutures

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9-13. If blood soaks through the initial bandage and dressing placed over a wound, your next step should be _____. (Emergency Care for Professional Responders)

- A. Remove the soaked dressing and bandage
- B. Apply ringer's lactate to the surface of the wound
- C. Apply a second bandage and dressing over the first
- D. Direct the patient to rub the affected area

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9-14. A nosebleed is also referred to as _____. (Emergency Care for Professional Responders)

- A. Peristalsis
- B. Ataxia
- C. Hypoxia
- D. Epistaxis

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9-15. A nosebleed should be considered potentially life-threatening if the patient's history includes ____ or _____. (Emergency Care for Professional Responders)

- A. Hypotension ... Diabetes
- B. Hyperglycemia ... Glaucoma
- C. Hyperventilation ... Epistaxis
- D. Hypertension ... Blood Thinning Medication

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9-16. **Which of the following is NOT considered a typical sign or symptom of internal bleeding?** *(Emergency Care for Professional Responders)*

- A. Rise in blood pressure
- B. Rapid, weak pulse
- C. Excessive Thirst
- D. Cool, moist, pale or bluish skin

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9-17. **Internal bleeding is more difficult to recognize than external bleeding because it is almost never life-threatening.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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9-18. **Which of the following is often required to control internal bleeding?** *(Emergency Care for Professional Responders)*

- A. Tourniquet
- B. Direct Pressure
- C. Surgery
- D. ASA

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9-19. **What are the 4 main types of open wounds?** *(Emergency Care for Professional Responders)*

- A. Abrasions ... Lesions ... Avulsions ... Lacerations
- B. Avulsions ... Abrasions ... Lacerations ... Epistaxis
- C. Abrasions ... Lacerations ... Avulsions ... Revulsions
- D. Abrasions ... Lacerations ... Avulsions ... Punctures

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9-20. **The location of the entry an exit wounds of a gunshot injury can give you an indication of _____.** *(Emergency Care for Professional Responders)*

- A. The caliber of the bullet fired
- B. Internal injuries that may have occurred
- C. The location of the assailant
- D. The location of the weapon used

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9-21. **Larger impaled objects should be _____ unless they interfere with the patient's airway or respiration.** *(Emergency Care for Professional Responders)*

- A. Sterilized
- B. Removed
- C. Pushed through the exit wound
- D. Left in place

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9-22. **A _____ is a collection of blood between the nail bed and the fingernail.** *(Emergency Care for Professional Responders)*

- A. Subarachnoid Hemorrhage
- B. Subungual Hematoma
- C. Deep Vein Thrombosis
- D. Pulmonary Embolism

9-23. **Myocardial Contusion is also referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Pericardial Contusion
- B. Cardiac Contusion
- C. Subarachnoid Contusion
- D. Aortic Aneurysm

9-24. **Dermatitis is highly contagious.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

9-25. **Which of the following is NOT considered one of the four main causes of burns?** (*Emergency Care for Professional Responders*)

- A. Thermal
- B. Chemical
- C. Electrical
- D. Friction
- E. Radiation

9-26. **Which of the following is NOT one of the three depth classifications of burns?** (*Emergency Care for Professional Responders*)

- A. Nth Degree (page 184)
- B. Superficial
- C. Partial Thickness
- D. Full Thickness

9-27. **A superficial burn is sometimes referred to as a _____ burn.** (*Emergency Care for Professional Responders*)

- A. First Degree
- B. Second Degree
- C. Third Degree
- D. Fourth Degree

9-28. **A full-thickness burn is sometimes referred to as a _____ burn.** (*Emergency Care for Professional Responders*)

- A. First Degree
- B. Second Degree
- C. Third Degree
- D. Fourth Degree

9-29. **Which of the following is NOT an example of a critical burn?** (*Emergency Care for Professional Responders*)

- A. Partial-Thickness burns to the shoulders
- B. Partial-Thickness burns that cover more than 10% of the body
- C. Partial or full-thickness burns on a child or older adult
- D. Burns resulting from chemicals, explosions or electricity

9-30. **According to the rule of nines, a burn covering the anterior and posterior of the torso of an adult equal _____ % of the body.** (*Emergency Care for Professional Responders*)

- A. 18

- B. 9
- C. 4.5
- D. 36

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9-31. **According to the rule of palms, the palm of the patient's body is equivalent to approximately _____ % of their body.** (*Emergency Care for Professional Responders*)

- A. 0.5
- B. 1
- C. 5
- D. 9

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9-32. **Which of the following is NOT one of the three basic care steps for burns?** (*Emergency Care for Professional Responders*)

- A. Apply burn ointment
- B. Prevent additional damage to tissue
- C. Cover the burned area with dry dressings
- D. Take steps to manage shock

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9-33. **When dealing with burn injuries, pay special attention to the patient's _____ during the primary assessment.** (*Emergency Care for Professional Responders*)

- A. Fingers
- B. Skin
- C. Pain Scale
- D. Airway

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9-34. **Unlike most burns, small burns (covering less than _____ % of the body) may be left covered with a moist dressing.** (*Emergency Care for Professional Responders*)

- A. 5
- B. 10
- C. 15
- D. 20

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9-35. **If possible, immerse a thermal burn in water instead of using running water, to reduce the risk of _____.** (*Emergency Care for Professional Responders*)

- A. Tissue Damage
- B. Infection
- C. Blisters
- D. Redness

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9-36. **Care should be taken to monitor for _____ when cooling large burns.** (*Emergency Care for Professional Responders*)

- A. Infection
- B. Tissue Damage
- C. Blisters
- D. Hypothermia

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9-37. **The presence of soot, thermal burns around the mouth or nose, singed hair and/or singed eyebrows may signal that a patient's _____ or _____ have been burned.** (*Emergency Care for Professional Responders*)

- A. Eyes ... Neck
- B. Hands ... Face

- C. Air Passages ... Lungs
- D. Ears ... Fingers

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9-38. **When dealing with chemical burns, flush the affected area for at least _____ minutes.** (*Emergency Care for Professional Responders*)

- A. 2
- B. 10
- C. 20
- D. 60

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9-39. **Although electrical burns may look _____, the underlying tissues may be _____ damaged.** (*Emergency Care for Professional Responders*)

- A. Severe ... Superficially
- B. Superficial ... Severely
- C. Reddened ... Barely
- D. Blackened ... Superficially

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9-40. **Burns from the sun are an example of _____ burns.** (*Emergency Care for Professional Responders*)

- A. Thermal
- B. Electrical
- C. Partial Thickness
- D. Radiation

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9-41. **When an amputation occurs, blood vessels usually _____ and _____ from the site of the amputation.** (*Emergency Care for Professional Responders*)

- A. Dilate ... Bleed
- B. Expand ... Extrude
- C. Contract ... Dilate
- D. Constrict ... Retract

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9-42. **Which of the following accurately lists the steps to preserve an amputated body part?** (*Emergency Care for Professional Responders*)

- A. Wrap in sterile gauze ... Immerse in sterile saline ... Keep warm
- B. Rinse with sterile saline ... pack in bag of ice ... wrap ice and part inside sterile gauze
- C. Rinse ... Wrap in sterile gauze and place in bag ... Place inside another bag
- D. Rinse with ice ... Wrap in plastic ... Immerse in frozen saline

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9-43. **Internal hemorrhage and _____ are likely when dealing with Crush Injuries.** (*Emergency Care for Professional Responders*)

- A. Amputation
- B. Build up of toxins
- C. Nerve inflammation
- D. Partial Thickness burns

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9-44. **When the crushing object is removed, toxins such as _____ are carried through the body, affecting multiple body systems and creating a condition referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Acetylsalicylic Acid ... Compartment Syndrome
- B. Lactic Acid ... Crush Syndrome
- C. Gastric Acid ... Partial Amputation
- D. Aortic Acid ... Cushing's Triad

9-45. _____ occurs when pressure within the muscle compartment builds up to dangerous levels and block circulation to the cells. *(Emergency Care for Professional Responders)*

- A. Crush Syndrome
- B. Apartment Syndrome
- C. Circulatory Syndrome
- D. Compartment Syndrome

9-46. Which of the following is NOT generally considered a potential Blast Injury? *(Emergency Care for Professional Responders)*

- A. Inhalation Burns
- B. Pneumothorax
- C. Internal Bleeding
- D. Type II Diabetes

9-47. If the mechanism of injury suggests a High Pressure Injection (HPI) injury, you should suspect _____ injuries. *(Emergency Care for Professional Responders)*

- A. Radiation
- B. Crush
- C. Blast
- D. Internal

Section 10: Musculoskeletal Injuries

10-1. A _____ is a partial or complete break in bone tissue. *(Emergency Care for Professional Responders)*

- A. Sprain
- B. Strain
- C. Dislocation
- D. Fracture

10-2. Open fractures leave the skin unbroken. *(Emergency Care for Professional Responders)*

- A. True
- B. False

10-3. A _____ is a displacement or separation of a bone from its normal position at a joint. *(Emergency Care for Professional Responders)*

- A. Sprain
- B. Strain
- C. Dislocation
- D. Fracture

10-4. Do not attempt to reinsert a dislocated joint, as this can cause additional damage. *(Emergency Care for Professional Responders)*

- A. True
- B. False

10-5. A _____ is the partial or complete stretching or tearing of ligaments at a joint. *(Emergency Care for Professional Responders)*

- A. Sprain

- B. Strain
- C. Dislocation
- D. Fracture

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10-6. **Often, a sprain is more disabling than a fracture.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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10-7. **A _____ is the stretching and tearing of muscle or tendon fibres.** (*Emergency Care for Professional Responders*)

- A. Sprain
- B. Strain
- C. Dislocation
- D. Fracture

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10-8. **What are the four general types of splint?** (*Emergency Care for Professional Responders*)

- A. Soft ... Rigid ... Anatomical ... Amputation
- B. Soft ... Rigid ... Theoretical ... Traction
- C. Soft ... Rigid ... Anatomical ... Traction
- D. Soft ... Rigid ... Anatomical ... Traction

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10-9. **An injury in the middle-third of a bone is also referred to as a _____ injury.** (*Emergency Care for Professional Responders*)

- A. Joint
- B. Mid-Shaft
- C. Open fracture
- D. Soft Tissue

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10-10. **Which of the following is NOT one of the basic principles of using a splint?** (*Emergency Care for Professional Responders*)

- A. Splint only if it can be done without causing further injury
- B. Check for normal circulation and sensation before and after splinting
- C. Force the patient to conform with the position of the splint you have available
- D. Immobilize the joints above and below the injury site in the splint

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10-11. **Moving from stable to unstable means first anchoring the splint to strong, uninjured areas and then wrapping towards the injured part.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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10-12. **Which of the following is NOT something you should do after an injury has been immobilized?** (*Emergency Care for Professional Responders*)

- A. Apply ice or a cold pack
- B. Care for shock
- C. Recheck the patient's ABCs and Vital Signs
- D. Perform a range of motion assessment on the injured area

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10-13. **Which of the following is NOT one of the criteria to make a single attempt to straighten a fractured limb?** (*Emergency Care for Professional Responders*)

- A. The injury involves a combination of ligaments and tendons

- B. The injury is an open fracture
- C. Decreased or absent distal circulation, sensation and/or mobility
- D. Gross Angulation at the limb

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10-14. **A _____ is used to support an upper extremity if a musculoskeletal injury damages the usual support structures.** (*Emergency Care for Professional Responders*)

- A. Traction Splint
- B. Kendrick Extrication Device
- C. Sling
- D. Scoop Stretcher

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10-15. **Which of the following is NOT considered one of the common signs and symptoms of musculoskeletal injuries?** (*Emergency Care for Professional Responders*)

- A. Pain
- B. Swelling
- C. Deformity
- D. Dilated Pupils

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10-16. **The most serious musculoskeletal injuries are generally _____ as they are most likely to cause additional damage to internal structures or result in permanent impairment.** (*Emergency Care for Professional Responders*)

- A. Sprains
- B. Strains
- C. Fractures
- D. Dislocations

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10-17. **A grating, popping or crackling sound or sensation beneath the skin is referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Tinnitus
- B. Crepitus
- C. Alveolus
- D. Crunchiness

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10-18. **Severe angulation with reduction in or loss of sensation and/or circulation indicates the patient is in the Rapid Transport Category.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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10-19. **What does the acronym R-I-C-E stand for?** (*Emergency Care for Professional Responders*)

- A. Rest ... Ice ... Compression ... Elevate
- B. Restore ... Immobilize ... Cold ... Elevation
- C. Rest ... Immobilize ... Cold ... Extremities
- D. Rest ... Immobilize ... Cold ... Elevate

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10-20. **Which of the following is NOT commonly damaged with upper extremity injuries?** (*Emergency Care for Professional Responders*)

- A. Tibia
- B. Blood Vessels
- C. Nerves
- D. Soft Tissues

10-21. **What is the most frequently injured bone of the shoulder?** *(Emergency Care for Professional Responders)*

- A. Ventricle
- B. Scapula
- C. Fibula
- D. Clavicle

10-22. **Injured fingers and/or hands should be immobilized in a position of function.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

10-23. **Which of the following is NOT one of the bones of the leg?** *(Emergency Care for Professional Responders)*

- A. Femur
- B. Patella
- C. Tarsals
- D. Metacarpals

10-24. **The _____ are the largest bones in the body.** *(Emergency Care for Professional Responders)*

- A. Tarsals
- B. Fibula
- C. Tibia
- D. Femurs

10-25. **_____ muscles are so strong that they can pull broken bone ends together, causing them to overlap.** *(Emergency Care for Professional Responders)*

- A. Thigh
- B. Biceps
- C. Latissimus Dorsi
- D. Pectoralis Major

10-26. **The _____ artery is a major supplier of blood to the legs and feet.** *(Emergency Care for Professional Responders)*

- A. Femoral
- B. Radial
- C. Carotid
- D. Brachial

10-27. **A patient with a fractured femur should always be placed in the Rapid Transport Category.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

10-28. **The Fibula and Tibia are often fractured simultaneously.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

10-29. **The knee joins the two _____ bones of the body.** *(Emergency Care for Professional Responders)*

- A. Shortest

- B. Thickest
- C. Longest
- D. Weakest

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10-30. **A _____ splint is generally effective for most foot injuries.** (*Emergency Care for Professional Responders*)

- A. Sponge
- B. Traction
- C. Pillow
- D. Rotational

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Section 11: Chest, Abdominal and Pelvic Injuries

11-1. **Which of the following is NOT considered a typical sign or symptom of a serious chest injury?** (*Emergency Care for Professional Responders*)

- A. Respiratory distress or arrest
- B. Unequal or paradoxical movement of the chest wall
- C. Coughing up blood
- D. Hypoglycemia

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11-2. **If a patient has sustained a chest injury or is complaining of chest pain, the chest must be exposed for proper assessment.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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11-3. **Simple rib fractures can become life-threatening if the fractured bone causes damage to _____.** (*Emergency Care for Professional Responders*)

- A. Organs or major blood vessels
- B. Intercostal muscles
- C. The sternal notch
- D. The clavicle

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11-4. **The _____ position is often the most comfortable for a patient with multiple rib fractures.** (*Emergency Care for Professional Responders*)

- A. Fowler's
- B. Trendelenburg
- C. Semi-Fowler's
- D. Prone

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11-5. **A section of the rib cage breaking free from the surrounding tissues is referred to as a _____, which can cause paradoxical chest movement.** (*Emergency Care for Professional Responders*)

- A. Flail Chest
- B. Pneumothorax
- C. Tension Pneumothorax
- D. Meningitis

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11-6. **Treatment of a flail chest should include bulky dressings at least _____ thick, which extend beyond the edges of the segment on all sides.** (*Emergency Care for Professional Responders*)

- A. 6 inches
- B. 0.5 inches

- C. 4 inches
- D. 2 inches

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11-7. **Hemothorax is bleeding into the _____ around the lungs.** (*Emergency Care for Professional Responders*)

- A. Aortic Arch
- B. Diaphragm
- C. Pleural Space
- D. Intercostal Muscles

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11-8. **If the hemothorax is the result of a penetrating chest injury, the patient may require interventions for _____ as well.** (*Emergency Care for Professional Responders*)

- A. Amputation
- B. Open pneumothorax
- C. Flail Chest
- D. Pneumonia

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11-9. _____ **is a condition caused by air entering the pleural space around the lung.** (*Emergency Care for Professional Responders*)

- A. Pneumothorax
- B. Hemothorax
- C. Hyperthorax
- D. Hypothorax

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11-10. **Pneumothorax that occurs without any associated trauma is referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Spontaneous Pneumothorax
- B. Spontaneous Hemothorax
- C. Tension Pneumothorax
- D. Tension Hemothorax

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11-11. **When the mounting pressure of the air in the plural space causes the lungs to eventually collapse, this is referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Spontaneous Pneumothorax
- B. Spontaneous Hemothorax
- C. Tension Pneumothorax
- D. Tension Hemothorax

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11-12. **Which of the following is NOT considered a common sign or symptom of Tension Pneumothorax?** (*Emergency Care for Professional Responders*)

- A. Hypotension
- B. Trachial Deviation
- C. Hypertension
- D. Jugular Vein Distension

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11-13. _____ **is a rare condition that occurs when air becomes trapped in tissues beneath the skin.** (*Emergency Care for Professional Responders*)

- A. Jugular Vein Distension
- B. Tension Pneumothorax
- C. Subcutaneous Emphysema
- D. Hemothorax

11-14. **A hole in the chest wall disrupts the _____, which can prevent the lungs from functioning properly and cause respiratory distress.** (*Emergency Care for Professional Responders*)

- A. Subcutaneous Emphysema
- B. Ventricular Fibrillation
- C. Paradoxical Movement
- D. Intrathoracic Pressure

11-15. **A penetrating chest wound is sometimes referred to as a _____.** (*Emergency Care for Professional Responders*)

- A. Sucking Chest Wound
- B. Jugular Vein Distension
- C. Paradoxical Movement
- D. Subcutaneous Emphysema

11-16. **The concern with a penetrating chest wound is that wound will become _____, meaning that the wound no longer allows air to enter or exit.** (*Emergency Care for Professional Responders*)

- A. Infected
- B. Occluded
- C. Affected
- D. Distended

11-17. **A dressing that is saturated with blood may become _____.** (*Emergency Care for Professional Responders*)

- A. Occluded
- B. Non-Occluded
- C. Vented
- D. Sterile

11-18. **The abdomen is more susceptible to injury because it is not surrounded by _____.** (*Emergency Care for Professional Responders*)

- A. Pleural Space
- B. A cage of bone
- C. Vital Organs
- D. Skin

11-19. **The liver is located in the _____ quadrant of the abdomen.** (*Emergency Care for Professional Responders*)

- A. Upper Left
- B. Upper Right
- C. Lower Left
- D. Lower Right

11-20. **The spleen is located in the _____ quadrant of the abdomen.** (*Emergency Care for Professional Responders*)

- A. Upper Left
- B. Upper Right
- C. Lower Left
- D. Lower Right

11-21. **Damage to the GI tract can cause internal hemorrhage and carries a high risk of _____.** (*Emergency Care for Professional Responders*)

- A. Tension Pneumothorax
- B. Jugular Vein Distension
- C. Occupational Dermatitis
- D. Infection

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11-22. **Which of the following is NOT considered a common sign or symptom of serious Abdominal Injury?** *(Emergency Care for Professional Responders)*

- A. Distension in the abdomen
- B. Red, dry skin
- C. Signs and symptoms of shock
- D. Thirst

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11-23. **A patient who has experienced serious trauma to the abdomen should be in the rapid transport category, even if signs and symptoms of serious injury are absent.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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11-24. **Which of the following is NOT one of the recommended steps in providing care for an Abdominal Injury?** *(Emergency Care for Professional Responders)*

- A. Place in a supine position
- B. Bend the patient's knees slightly
- C. Attempt to control any external bleeding
- D. Place rolled up blankets or pillows under the knees, even if it causes pain

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11-25. **Protruding organs should be immediately forced back into place.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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11-26. **Which of the following accurately outlines the steps to provide care for protruding organs?** *(Emergency Care for Professional Responders)*

- A. Apply ice packs ... douse with saline ... transport prone
- B. Rinse with saline ... place ice packs in plastic bag and secure to abdomen
- C. Cover with moist dressings ... cover with plastic ... keep warm with blanket/towel
- D. Cover with blankets ... bind tightly with tape ... rinse with saline

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11-27. **A(n) _____ occurs when the wall of the abdominal aorta weakens and bulges, creating a localized enlarged area.** *(Emergency Care for Professional Responders)*

- A. Subcutaneous Emphysema
- B. Abdominal Aortic Aneurysm
- C. Transient Ischemic Attack
- D. Cerebrovascular Accident

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11-28. **Which of the following is NOT considered a common sign or symptom of AAA?** *(Emergency Care for Professional Responders)*

- A. Pulsating mass in the abdomen
- B. Diminished or absent femoral or pedal pulses
- C. Left-sided numbness
- D. Back pain

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11-29. **Which 3 innominate bones are part of the pelvis?** *(Emergency Care for Professional Responders)*

- A. Coccyx ... Ilium ... Ischium
- B. Ilium ... Ischium ... Pubis
- C. Tarsals ... Carpals ... Fibula
- D. Clavicle ... Scapula ... Humerus

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11-30. **Fractured bones in the pelvis can cause severe _____.** *(Emergency Care for Professional Responders)*

- A. Internal Hemorrhage
- B. Tension Pneumothorax
- C. Subcutaneous Emphysema
- D. COPD

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11-31. **Pain, pelvic instability and _____ are key indicators of a pelvic fracture.** *(Emergency Care for Professional Responders)*

- A. Dizziness
- B. Emphysema
- C. Constricted pupils
- D. Crepitus

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11-32. **If you suspect a fracture of one of the pelvic bones, perform a _____ assessment.** *(Emergency Care for Professional Responders)*

- A. Three-Plane
- B. Four-Plane
- C. Forceful
- D. Rapid

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11-33. **Which of the following is NOT a benefit derived from pelvic binding?** *(Emergency Care for Professional Responders)*

- A. Assists in controlling internal hemorrhage
- B. Maintains circumferential immobilization and stability
- C. Increases the volume within the pelvic cavity
- D. Allows easy access to the abdomen, femoral vessels and perineum

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11-34. **Care for injuries to the genitals is the same as care for any other soft tissue injury.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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Section 12: Head & Spinal Injuries

12-1. **A patient with a suspected spinal injury should have his or her spine protected from further injury, but if protecting the spine interferes with life-saving interventions, protecting the patient's life must be the highest priority.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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12-2. **Which of the following is NOT considered a mechanism of injury likely to cause head and/or spinal injury?** *(Emergency Care for Professional Responders)*

- A. Any fall from greater than 1 foot
- B. Any motor vehicle collision
- C. Any incident involving a lightning strike or electrocution

- D. Any penetrating injury to the head, neck or trunk

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12-3. **An injury to the head is often a superficial injury such as a cut to the face or scalp, whereas a head injury often involves _____.** (Emergency Care for Professional Responders)

- A. Brain Trauma
- B. Pneumothorax
- C. Amputation
- D. Abdominal Aortic Aneurysm

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12-4. **An injury to the head is sometimes referred to as a _____, and a head injury is sometimes referred to as a _____.** (Emergency Care for Professional Responders)

- A. Concussion ... Contusion
- B. Contusion ... Concussion
- C. Confusion ... Correction
- D. Compaction ... Correlation

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12-5. **Which of the following is NOT considered a common sign or symptom of a skull fracture.** (Emergency Care for Professional Responders)

- A. Fluid coming from the nose, ears, mouth or a head wound
- B. Pupils of normal and equal size
- C. Bruising around the eyes or ears
- D. Swelling

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12-6. **The bones that form the eye sockets are also referred to as the _____.** (Emergency Care for Professional Responders)

- A. Pulpits
- B. Orbits
- C. Clavicles
- D. Basal Skull

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12-7. **Which of the following is NOT considered a mechanism of injury common to head and/or spinal injury?** (Emergency Care for Professional Responders)

- A. Distraction
- B. Compression
- C. Avulsion
- D. Hyperextension

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12-8. **If there is an object impaled in the skull, allow the blood to drain.** (Emergency Care for Professional Responders)

- A. True
- B. False

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12-9. **Which of the following is NOT considered a common sign or symptom of brain damage?** (Emergency Care for Professional Responders)

- A. Incontinence
- B. Rapid, weak pulse
- C. Hypoglycemia
- D. High blood pressure with slow pulse

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12-10. **Which of the following is NOT considered part of Cushing's Triad?** (Emergency Care for Professional Responders)

- A. Change in respiration

- B. Increased blood pressure
- C. Bradycardia
- D. Lessening of the gap between systolic and diastolic pressure

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12-11. **A concussion is one of a subset of _____ that involves a temporary alteration in brain function.** *(Emergency Care for Professional Responders)*

- A. Diseases
- B. Traumatic Brain Injuries
- C. Syndromes
- D. Glasgow Coma Scale

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12-12. **An impact to the _____ or _____ can create forces that cause the brain to shake inside the skull.** *(Emergency Care for Professional Responders)*

- A. Thigh ... Coccyx
- B. Head ... Upper Body
- C. Patella ... Fibula
- D. Tibia ... Tarsal

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12-13. **A concussion can result from even a seemingly minor injury, and the signs and symptoms may not be immediately obvious.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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12-14. **What are the four categories of concussion signs and symptoms?** *(Emergency Care for Professional Responders)*

- A. Thinking and Remembering ... Physical ... Emotional ... Psychological
- B. Thinking and Remembering ... Psychosomatic ... Emotional ... Sleep
- C. Thinking and Remembering ... Physical ... Emotional ... Sleep
- D. Thinking and Remembering ... Physical ... Escalating ... Sleep

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12-15. **Buildup of blood in the skull can create _____ which can cause further damage to brain tissue.** *(Emergency Care for Professional Responders)*

- A. CHF
- B. ICP
- C. TIA
- D. ITP

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12-16. **Which of the following is NOT one of the four types of bleeding that can occur in the skull?** *(Emergency Care for Professional Responders)*

- A. Epidural Hematoma
- B. Subdural Hematoma
- C. Subarachnoid Hematoma
- D. Intercerebral Hematoma

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12-17. **The most serious spinal injuries involve a severing of the _____.** *(Emergency Care for Professional Responders)*

- A. Intervertebral Disk
- B. Diaphragm
- C. Spinal Cord
- D. Dura Mater

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12-18. **Signs and symptoms, in combination with _____ may suggest a spinal injury.** (*Emergency Care for Professional Responders*)

- A. MOI
- B. GCS
- C. RTC
- D. SMR

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12-19. **Patients with suspected spinal injury should be placed in the Rapid Transport Category.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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12-20. _____ **refers to any technique for limiting movement of the patient's neck and/or spine.** (*Emergency Care for Professional Responders*)

- A. MOI
- B. GCS
- C. RTC
- D. SMR

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12-21. **Which of the following is NOT an indicator of potential thoracolumbar injury, according to the Nexus protocols?** (*BCEHS Treatment Guidelines and EMR Cheat Sheet*)

- A. Age under 16 years old
- B. Vital Signs Unstable
- C. No acute paralysis
- D. Patient is alert

12-22. **Which of the following is NOT required during Simple SMR, according to the Nexus protocols?** (*BCEHS Treatment Guidelines and EMR Cheat Sheet*)

- A. Cervical Collar applied
- B. Patient placed supine on a stretcher or soft mattress
- C. Head of stretcher raised 30° if there is a head injury
- D. Head Taped

12-23. **Which of the following is NOT considered NEXUS Criteria, according to the Nexus SMR Decision Matrix?** (*BCEHS Treatment Guidelines and EMR Cheat Sheet*)

- A. Midline Tenderness
- B. Intoxicated
- C. Fall less than 1 meter or 5 stairs
- D. Altered LOC

12-24. **Which of the following factors does NOT put someone into a High Risk Group, according to the Nexus SMR Decision Matrix?** (*BCEHS Treatment Guidelines and EMR Cheat Sheet*)

- A. Age over 16
- B. Age over 65
- C. Osteoporosis
- D. Pre-existing Spinal Injury/Condition

12-25. **When SMR is indicated, the patient's head may be brought into neutral alignment using a technique called _____.** (*Emergency Care for Professional Responders*)

- A. Off-line Stabilization
- B. In-line Stabilization
- C. Co-axial Stabilization
- D. On-line Stabilization

12-26. **Neutral alignment must be achieved, even if the patient complains of increased pain, or you encounter resistance.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

12-27. **Which of the following indicates that in-line stabilization should NOT be used/applied?** (*Emergency Care for Professional Responders*)

- A. Age over 16 years old
- B. MOI involving high speed Motor Vehicle Collision
- C. Patient's head is severely angulated to one side
- D. Patient is alert

12-28. **Which of the following is NOT listed as an effective method of manually stabilizing a patient's head?** (*Emergency Care for Professional Responders*)

- A. Head Grip
- B. Modified Trapezius Squeeze
- C. Sternal/Spinal Grip
- D. Sternal/Pelvic Grip

12-29. **The patient's head must be in the neutral position to properly size a hard cervical collar.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

12-30. **Which of the following accurately outlines the strapping sequence when securing a patient to a backboard with SMR?** (*Emergency Care for Professional Responders*)

- A. Chest ... Head ... Pelvis ... Legs
- B. Head ... Chest ... Pelvis ... Legs
- C. Chest ... Pelvis ... Legs ... Head
- D. Pelvis ... Chest ... Head ... Legs

12-31. **Unless manufacturer's specifications dictate otherwise, what is the first strap that should be secured when using a Kendrick Extrication Device (KED).** (*Emergency Care for Professional Responders*)

- A. Leg Strap
- B. Upper Torso Strap
- C. Middle Torso Strap
- D. Head Strap

12-32. **Which of the following is NOT an accepted criteria for rapid extrication using manual stabilization only, when full SMR would otherwise be indicated?** (*Emergency Care for Professional Responders*)

- A. Full SMR is inconvenient and physically demanding
- B. The scene has become unsafe
- C. The patient is blocking access to another patient with life-threatening injuries
- D. Life-saving interventions can't be performed due to the position or location of the patient

12-33. **Safely removing protective equipment such as a football helmet and shoulder pads is a simple procedure which can easily be performed by a single rescuer.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

12-34. **Priapism is a sustained _____ caused by spinal cord injury.** (*EMR Cheat Sheet*)

- A. Erection
- B. Decreased level of responsiveness
- C. Paralysis
- D. Memory loss

Section 13: Acute and Chronic Illness

13-1. **An illness can be categorized as either _____ (with a sudden onset) or _____ (persisting over time).** (*Emergency Care for Professional Responders*)

- A. Acute ... Chronic
- B. Chronic ... Acute
- C. Obtuse ... Ironic
- D. Ironic ... Obtuse

13-2. **_____ occurs when the brain is suddenly deprived of its normal blood flow and momentarily shuts down.** (*Emergency Care for Professional Responders*)

- A. Ataxia
- B. Concussion
- C. Syncope
- D. Angina

13-3. **Any altered mental status can be an indicator of a serious underlying condition.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

13-4. **The body's cells need _____ as a source of energy to function normally.** (*Emergency Care for Professional Responders*)

- A. B-Cells
- B. Calcium
- C. Glucose
- D. Insulin

13-5. **_____ (a hormone produced in the pancreas) is required for the transfer of glucose from the bloodstream to the body's cells.** (*Emergency Care for Professional Responders*)

- A. Diabetes
- B. Mellitus
- C. Insulin
- D. Sugar

13-6. **Diabetes Mellitus is a condition in which the body either fails to produce enough _____, or it does not effectively use the _____ it does produce.** (*Emergency Care for Professional Responders*)

- A. Serotonin
- B. Insulin
- C. Glucose
- D. Sugar

13-7. **Type 1 Diabetes is also known as _____.** (*Emergency Care for Professional Responders*)

- A. Insulin Dependent Diabetes
- B. Hypoglycemia
- C. Hyperglycemia
- D. Diabetic Coma

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13-8. **Type 2 Diabetes is always non-insulin dependent.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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13-9. **A patient with Diabetes may use a(n) _____, which is a small portable device consisting of an external pump and a small tube that fits under the patient's skin.** (*Emergency Care for Professional Responders*)

- A. Internal Defibrillator
- B. Pacemaker
- C. Insulin Pump
- D. Prosthetic Pancreas

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13-10. **Diabetes that develops as an effect of pregnancy is referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Ectopic Diabetes
- B. Hypoglycemia
- C. Adult Onset Diabetes
- D. Gestational Diabetes

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13-11. **Hyperglycemia is a condition in which a patient's blood glucose level (BGL) is too _____.** (*Emergency Care for Professional Responders*)

- A. Low
- B. Thin
- C. High
- D. Lean

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13-12. **Hyperglycemia usually occurs when the _____ level in the body is too low.** (*Emergency Care for Professional Responders*)

- A. Glucose
- B. Insulin
- C. Sugar
- D. Riboflavin

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13-13. **Converting _____ into energy produces waste products and increases the acidity level in the blood, causing a condition called Acidosis.** (*Emergency Care for Professional Responders*)

- A. Insulin
- B. Fat
- C. Sugar
- D. Glucose

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13-14. **If it continues, the _____ condition deteriorates into a diabetic coma.** (*Emergency Care for Professional Responders*)

- A. Hypoglycemic
- B. Insulin Dependent
- C. Hyperglycemic
- D. Malnutritive

13-15. **Hypoglycemia occurs when the BGL in the blood is too _____.** (*Emergency Care for Professional Responders*)

- A. High
- B. Rich
- C. Low
- D. Concentrated

13-16. **Which of the following is NOT a factor that can cause a patient to become Hypoglycemic?** (*Emergency Care for Professional Responders*)

- A. Consuming too much sugary food
- B. Taking too much insulin
- C. Failing to eat adequately
- D. Over exercising which can use glucose more quickly than it is replaced

13-17. **If there is not enough glucose for the brain to function properly, an acute and life-threatening condition called _____ can occur.** (*Emergency Care for Professional Responders*)

- A. Diabetic Coma
- B. Hyperglycemia
- C. Acidosis
- D. Insulin Reaction

13-18. **Which of the following is NOT a sign or symptom common to both Hypoglycemia and Hyperglycemia?** (*Emergency Care for Professional Responders*)

- A. Changes in Level of Responsiveness
- B. Tachypnea
- C. Tachycardia
- D. Wheezing on exhalation

13-19. **An unresponsive patient with BGL below 4 mmol/L should be administered _____ of glucose gel.** (*BCEHS Treatment Guidelines*)

- A. Do not administer Glucogel to an Unresponsive Patient
- B. 15 mg (half a tube)
- C. 30 mg (entire tube)
- D. 30 mg (half a tube)

13-20. **Never give any patient insulin.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

13-21. **Licensed Emergency Medical Responders can administer Glucogel to an Unresponsive patient...** (*Emergency Care for Professional Responders and BCEHS Treatment Guidelines*)

- A. In British Columbia
- B. If local Protocols allow
- C. In some jurisdictions, but not in British Columbia
- D. Both B and C

13-22. **Glucagon is a substance that accelerates the breakdown of _____ into _____.** (*Emergency Care for Professional Responders*)

- A. Glucose ... Glycogen
- B. Glycogen ... Glucose

- C. Glucogel ... Sugar
- D. Sugar ... Glycogen

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13-23. **A seizure is the result of _____ electrical activity in the brain.** (*Emergency Care for Professional Responders*)

- A. Normal
- B. Absent
- C. Abnormal
- D. Atrial

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13-24. **Generalized Tonic-Clonic seizures are also referred to as _____ seizures.** (*Emergency Care for Professional Responders*)

- A. Petit Mal
- B. Post Ictal
- C. Focal
- D. Grand Mal

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13-25. **Which of the following accurately lists the 4 stages of a seizure?** (*Emergency Care for Professional Responders*)

- A. Aura ... Tonic ... Clonic ... Ictal
- B. Aura ... Tonic ... Clonic ... Postictal
- C. Aura ... Preictal ... Ictal ... Postictal
- D. Tonic ... Clonic ... Partial ... Absence

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13-26. **Generalized seizures usually last _____.** (*Emergency Care for Professional Responders*)

- A. 5-10 minutes
- B. 1-3 minutes
- C. 15 minutes
- D. 2 hours

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13-27. _____ **seizures are the most common type of seizure experienced by patients with epilepsy.** (*Emergency Care for Professional Responders*)

- A. Complex
- B. Simple
- C. Partial
- D. Grand Mal

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13-28. **Absence (Petit Mal) seizures are most common in _____, and are also referred to as Non-Convulsive seizures.** (*Emergency Care for Professional Responders*)

- A. Adults
- B. Epileptics
- C. Children
- D. Diabetics

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13-29. _____ **seizures are most likely to occur when a child or infant runs a rectal temperature of over 39°C (102°F).** (*Emergency Care for Professional Responders*)

- A. Absence
- B. Partial
- C. Febrile
- D. Tonic-Clonic

13-30. _____ is a seizure that lasts longer than 5 minutes or a series of seizures lasting longer than 5 minutes without a return to normal responsiveness between them. (*Emergency Care for Professional Responders*)

- A. Grand Mal seizure
- B. Status Epilepticus
- C. Petit Mal seizure
- D. Tonic-Clonictus

13-31. _____ is a term used to describe a group of neurological disorders in which the individual experiences recurring seizures as the main symptom. (*Emergency Care for Professional Responders*)

- A. Epilepsy
- B. Status Epilepticus
- C. Epilepticus
- D. Ictal Syndrome

13-32. What are the two main priorities when treating a patient who is having a seizure? (*Emergency Care for Professional Responders*)

- A. Diagnosing the cause and restraining the patient
- B. Securing the patient to a spineboard and clearing their airway with your fingers
- C. Preventing further injury to the patient and maintaining a clear airway
- D. Keeping bystanders away and timing the seizure

13-33. Which of the following is NOT an indication that the patient is in the rapid transport category? (*Emergency Care for Professional Responders*)

- A. The seizure lasts less than 5 minutes
- B. It is the patient's first seizure
- C. The patient is pregnant and experiencing a seizure
- D. The seizure takes place in the water

13-34. Migraines usually subside within _____. (*Emergency Care for Professional Responders*)

- A. 3 days
- B. 6 hours
- C. 1 hour
- D. 4 hours

13-35. A common cause of _____ is blunt trauma to the abdominal or pelvic region, as internal damage can cause fluid or infectious material to enter the peritoneum from other parts of the body. (*Emergency Care for Professional Responders*)

- A. Appendicitis
- B. Tendonitis
- C. Peritonitis
- D. Tinitis

13-36. Which of the following is NOT considered a common sign or symptom of Appendicitis? (*Emergency Care for Professional Responders*)

- A. Intense pain localized in the lower left quadrant
- B. Diarrhea
- C. Abdominal swelling, pain or cramping
- D. Constipation

13-37. **A patient with a suspected Bowel Obstruction should be placed in the Rapid Transport Category.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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13-38. **Signs and symptoms of Gastroenteritis generally have a gradual onset and extended duration.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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13-39. **Which of the following is a sign or symptom that the patient is NOT suffering from Gastroenteritis?** *(Emergency Care for Professional Responders)*

- A. Diarrhea
- B. Localized, constant pain
- C. Fever
- D. Abdominal Cramps

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13-40. **Kidney stones cause severe pain, commonly referred to as _____.** *(Emergency Care for Professional Responders)*

- A. Abdominal Migraine
- B. Visceral Contractions
- C. Renal Colic
- D. Urethritis

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13-41. **The pain of Peptic Ulcers is commonly mistaken for all but which one of the following?** *(Emergency Care for Professional Responders)*

- A. Heartburn
- B. Indigestion
- C. Hunger
- D. Migraine

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13-42. **GI bleeding can be life-threatening.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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13-43. **A(n) _____ can cause signs and symptoms such as burning during urination, cloudy or foul smelling urine, and a need to urinate often.** *(Emergency Care for Professional Responders)*

- A. MRI
- B. TIA
- C. UTI
- D. MI

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Section 14: Poisoning

14-1. **What are the 4 routes through which a poison can enter the body?** *(Emergency Care for Professional Responders)*

- A. Ingestion ... Inhalation ... Abomination ... Injection
- B. Ingestion ... Inhalation ... Absorption ... Injection
- C. Inception ... Inhalation ... Absorption ... Injection
- D. Ingestion ... Incredulation ... Absorption ... Injection

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14-2. **Although you should know the number of your local Poison Control Center, a Dispatcher may be able to connect to the Poison Control Center directly.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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14-3. **The signs and symptoms of specific types of poisons are distinct and clearly distinguishable from other poisons, or sudden illnesses.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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14-4. **Which of the following is NOT one of the questions you should try to get answers to, when you suspect that a patient has been poisoned?** *(Emergency Care for Professional Responders)*

- A. Who is the patient's next of kin?
- B. What type of poison was it?
- C. How did the contamination occur?
- D. What was the quantity of poison?

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14-5. **If the poison is a commercial product, it should have a clear label or corresponding _____.** *(Emergency Care for Professional Responders)*

- A. SDS
- B. FDA
- C. CRTC
- D. WHMIS

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14-6. **Avoid giving the patient anything by mouth unless advised to do so by _____.** *(Emergency Care for Professional Responders)*

- A. Their legal guardian
- B. Poison Control Center staff
- C. A bystander with medical training
- D. A licensed pharmacologist

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14-7. **If the poison is unknown and patient vomits, save some of the vomitus, as it may be analyzed later to identify the poison.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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14-8. **Which of the following is NOT a sign or symptom often present with Ingested Poisons?** *(Emergency Care for Professional Responders)*

- A. Burns around the mouth
- B. An unusual odor around the mouth
- C. Rash in a bull's eye pattern
- D. Open container of poison nearby

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14-9. **Which of the following is NOT considered a general sign or symptom of Inhaled Poisons?** *(Emergency Care for Professional Responders)*

- A. Puncture wounds on the arm or leg
- B. Cyanosis
- C. Unusual smell on the patient's breath
- D. Dyspnea

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14-10. **Most signs and symptoms of Carbon Monoxide poisoning are essentially signs and symptoms of _____.** *(Emergency Care for Professional Responders)*

- A. Hypoxia
- B. Hypoglycemia
- C. Dyspnea
- D. Tachypnea

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14-11. **Carbon Monoxide can be recognized by the distinct odor it emits.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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14-12. **A chemical must be wet to absorb through the skin.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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14-13. **What are the 3 general steps to treat absorbed poisoning?** (*Emergency Care for Professional Responders*)

- A. Wash the affected area ... Keep the area wet or at least moist ... See a physician
- B. Rinse with bleach ... Cover affected area with plastic wrap ... Obtain an air sample
- C. Wash with water ... Keep area clean & dry ... See a Dr. if condition worsens
- D. Induce vomiting ... Rinse with milk ... Cover with petroleum jelly

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14-14. **Which of the following is NOT a rash causing plant?** (*Emergency Care for Professional Responders*)

- A. Poison Sumac
- B. Ardent Bullrush
- C. Wild Parsnip
- D. Giant Hogweed

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14-15. **The sap of giant hogweed and wild parsnip causes the skin to react when exposed to _____.** (*Emergency Care for Professional Responders*)

- A. Sweat
- B. UV radiation
- C. Adrenaline
- D. Poison Oak

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14-16. _____ **are among the most common source of Injected Poisons.** (*Emergency Care for Professional Responders*)

- A. Rash causing plants
- B. Insect and animal bites & stings
- C. Bacterium and Cryptosporidium
- D. Fungi and yeasts

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14-17. **Cimex Lectularius are commonly referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Bedbugs
- B. Scabies
- C. Ticks
- D. Headlice

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14-18. **The most common cause of life-threatening situations with relation to insect stings is _____.** (*Emergency Care for Professional Responders*)

- A. Panic Attack
- B. Anaphylactic Reaction
- C. Arachnoid Reflex
- D. Toxic Paralysis

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14-19. **Which North American spiders are known to cause dangerous and sometimes fatal reactions.** (*Emergency Care for Professional Responders*)

- A. Green Potentate
- B. Brown Recluse
- C. Black Widow
- D. Both B and C

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14-20. **Which of the following is NOT a criteria to place a patient who has been stung in the water into the Rapid Transport Category?** (*Emergency Care for Professional Responders*)

- A. Patient has a history of allergic reactions to marine-life stings
- B. Patient has been stung on the face or neck
- C. Patient was stung through neoprene
- D. Patient develops dyspnea

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14-21. **Which of the following is NOT a venomous snake native to Canada?** (*Emergency Care for Professional Responders*)

- A. Northern Pacific Rattlesnake
- B. Massasauga Rattlesnake
- C. Rocky Mountain Rattlesnake
- D. Prairie Rattlesnake

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14-22. **Which of the following is recommended when providing care for a snakebite?** (*Emergency Care for Professional Responders*)

- A. Position the patient so the bite is at or below the level of the heart
- B. Apply ice
- C. Cut the wound in an "X" pattern
- D. Apply a tourniquet

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14-23. **Any person who has been bitten by an animal must see a physician. Local laws or protocols may require you to report the bite to animal control.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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14-24. **If you find a tick, remove it by firmly grasping the tick with fine tipped forceps (or a hook designed for tick removal), as close to the skin as possible, and pulling _____ and _____.** (*Emergency Care for Professional Responders*)

- A. Quickly ... With a twisting motion
- B. Slowly ... Twisting with a counter-clockwise motion
- C. Slowly ... Steadily
- D. Quickly ... Forcefully

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14-25. **Lyme disease is spread primarily by the _____ tick (also referred to as _____ tick).** (*Emergency Care for Professional Responders*)

- A. Yellow-spotted ... Wolf
- B. Black-legged ... Deer
- C. Red-striped ... Avian

D. Blue-headed ... Coyote

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14-26. **Which of the following is NOT considered a common sign or symptom of Lyme Disease?** (*Emergency Care for Professional Responders*)

- A. Rash resembling a bull's-eye
- B. Green tinged lips and eyelids
- C. Joint and muscle pain
- D. Headache

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14-27. **Alcohol and over-the-counter medications are among the most frequently misused and abused substances.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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14-28. **Substance _____ is the use of a substance for purposes other than those intended by the manufacturer, or exceeding the recommended dosage.** (*Emergency Care for Professional Responders*)

- A. Misuse
- B. Use
- C. Overuse
- D. Abuse

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14-29. **Substance _____ is the deliberate, persistent, and/or excessive use of a substance without regard to health concerns or accepted medical practices.** (*Emergency Care for Professional Responders*)

- A. Misuse
- B. Use
- C. Overuse
- D. Abuse

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14-30. **A _____ is any substance that is taken to affect the function of the body.** (*Emergency Care for Professional Responders*)

- A. Drug
- B. Medication
- C. Poison
- D. Toxin

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14-31. **A drug used to prevent or treat a disease or condition is called a _____.** (*Emergency Care for Professional Responders*)

- A. Drug
- B. Medication
- C. Poison
- D. Toxin

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14-32. **A(n) _____ occurs when a person takes too much of a substance, producing toxic (poisonous) or fatal effects on the body.** (*Emergency Care for Professional Responders*)

- A. Reflux
- B. Abuse
- C. Overdose
- D. Overuse

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14-33. _____ describes a condition that a person who is addicted to a substance may experience after refraining from using or abusing that substance, and can become a serious medical condition. (*Emergency Care for Professional Responders*)

- A. Misuse
- B. Indication
- C. Withdrawal
- D. Overdose

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14-34. **What are the 3 basic categories of commonly misused or abused substances?** (*Emergency Care for Professional Responders*)

- A. Stimulants ... Depressants ... Opioids
- B. Stimulants ... Depressants ... Hallucinogens
- C. Stimulants ... Toxins ... Hallucinogens
- D. Depressants ... Repressants ... Designer

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14-35. _____ drugs are generally chemical variations on other drugs. (*Emergency Care for Professional Responders*)

- A. Designer
- B. Opioid
- C. Medicative
- D. Addictive

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14-36. _____ affect the central nervous system by speeding up mental activity. (*Emergency Care for Professional Responders*)

- A. Drugs
- B. Medications
- C. Stimulants
- D. Hallucinogens

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14-37. **Cocaine is one of the most publicized and powerful** _____. (*Emergency Care for Professional Responders*)

- A. Drugs
- B. Medications
- C. Stimulants
- D. Hallucinogens

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14-38. **The most common stimulants are legal.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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14-39. **Which of the following is NOT an unhealthy effect considered common to the use of Stimulants?** (*Emergency Care for Professional Responders*)

- A. Tachypnea
- B. Bradycardia
- C. High Blood Pressure
- D. Chest Pain

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14-40. _____ affect the central nervous system and slow down physical and mental activity. (*Emergency Care for Professional Responders*)

- A. Stimulants
- B. Hallucinogens
- C. Depressants

D. Medications

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14-41. **Narcotics have similar effects to other _____.** (*Emergency Care for Professional Responders*)

- A. Stimulants
- B. Hallucinogens
- C. Depressants
- D. Medications

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14-42. _____ are substances, usually common to commercial products, that produce chemical vapours with mind altering effects which can be similar to those of alcohol consumption. (*Emergency Care for Professional Responders*)

- A. Depressants
- B. Inhalants
- C. Injectors
- D. Absorbents

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14-43. **Opioids are a class of _____ than includes morphine, heroin, and fentanyl.** (*Emergency Care for Professional Responders*)

- A. Stimulants
- B. Hallucinogens
- C. Depressants
- D. Inhalants

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14-44. **Opioids pose a high risk of fatal overdose, because they bind to receptors in the _____ that control respiration, rapidly causing cardiac arrest.** (*Emergency Care for Professional Responders*)

- A. Lungs
- B. Brain
- C. Heart
- D. Pancreas

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14-45. _____ is a drug that rapidly counteracts the effects of opioid overdose by binding to the same receptors in the brain, displacing the opioid and preventing respiratory arrest. (*Emergency Care for Professional Responders*)

- A. Naloxone (Narcan)
- B. Hydromorphone
- C. Fentanyl
- D. Methadone

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14-46. **Which of the following is NOT one of the ways in which Naloxone can be administered?** (*Emergency Care for Professional Responders*)

- A. Intranasally
- B. Transdermal Patch
- C. Intramuscularly
- D. Subcutaneously

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14-47. _____ often have physical effects similar to those of stimulants but are classified differently because of their potential to produce additional effects. (*Emergency Care for Professional Responders*)

- A. Depressants
- B. Hallucinogens
- C. Opioids
- D. Narcotics

14-48. **Which of the following is considered a possible effect of Hallucinogens?** *(Emergency Care for Professional Responders)*

- A. Intense Fear
- B. Paranoid Delusions
- C. Vivid Hallucinations
- D. All of the above

14-49. **Which of the following is NOT considered a general sign or symptom of substance abuse or misuse?** *(Emergency Care for Professional Responders)*

- A. Abnormal respiration
- B. Abnormal perspiration
- C. Abnormal BGL
- D. Abnormal bowel sounds

14-50. **Initial intervention for substance misuse or abuse requires that you know and identify the specific substance taken.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

14-51. **You should withdraw from the area if the patient becomes violent or threatening.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

14-52. **Crowd management agents, also referred to as _____, are a group of substances used by law enforcement personnel to temporarily incapacitate groups of people.** *(Emergency Care for Professional Responders)*

- A. Mind Control Agents
- B. Subversive Agents
- C. Rights Suppression Agents
- D. Riot Control Agents

14-53. **Which of the following identifies the main steps in providing care for a patient who has been exposed to a crowd control agent?** *(Emergency Care for Professional Responders)*

- A. Use PPE ... Remove contaminated clothing ... Wash skin with soap and water
- B. Use PPE ... Rinse contaminated clothing with bleach ... Wash skin with Alkaline
- C. Use PPE ... Remove contaminated clothing ... Scrub skin with pumice
- D. Use PPE ... Remove contaminated clothing ... Wrap skin with plastic

Section 15: Environmental Illnesses

15-1. **The human body's core temperature is normally around _____ and is maintained by balancing heat loss with heat gain.** *(Emergency Care for Professional Responders)*

- A. 39°C (94.6°F)
- B. 47°C (96.8°F)
- C. 37°C (98.6°F)
- D. 30°C (90.6°F)

15-2. **The _____ receives temperature information from the skin and central receptors.** *(Emergency Care for Professional Responders)*

- A. Hippocampus

- B. Amygdala
- C. Hypothalamus
- D. Prefrontal Cortex

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15-3. **The body's thermoregulatory responses, to increase or decrease body temperature, include _____.** (*Emergency Care for Professional Responders*)

- A. Vasodilation ... Sweating ... Vasoconstriction ... Shivering
- B. Vasodilation ... Sweating ... Vasoconstruction ... Shivering
- C. Vasodilapidation ... Sweating ... Vasoconstriction ... Shivering
- D. Vasodilation ... Sweating ... Vasoconstriction ... Shivering

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15-4. **Which heat movement mechanism is useful for cooling only?** (*Emergency Care for Professional Responders*)

- A. Conduction
- B. Convection
- C. Radiation
- D. Evaporation

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15-5. **Which of the following is NOT a factor that can make someone more prone to heat or cold related emergencies?** (*Emergency Care for Professional Responders*)

- A. Age
- B. Diabetes
- C. Thin Skin
- D. Taking diuretics

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15-6. _____ **can develop fairly rapidly and usually occur after periods of physical exertion in warm or even moderate temperatures.** (*Emergency Care for Professional Responders*)

- A. Heat Stroke
- B. Heat Exhaustion
- C. Heat Cramps
- D. Heat Stress

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15-7. _____ **is an early sign that the body's temperature-regulating mechanisms are becoming overwhelmed.** (*Emergency Care for Professional Responders*)

- A. Heat Stroke
- B. Heat Exhaustion
- C. Heat Cramps
- D. Heat Stress

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15-8. _____ **begins when the body's thermoregulatory mechanisms are overwhelmed by heat stress and begin to stop functioning.** (*Emergency Care for Professional Responders*)

- A. Heat Stroke
- B. Heat Exhaustion
- C. Heat Cramps
- D. Heat Stress

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15-9. **When sweating stops, the body cannot actively cool itself effectively and the body's core temperature rises. It soon reaches a level at which the _____ begin to fail.** (*Emergency Care for Professional Responders*)

- A. Heart

- B. Brain
- C. Kidneys
- D. All of the above

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15-10. **Heat Stroke can lead to death.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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15-11. **Fanning the patient after pouring water on them encourages _____ (in addition to creating or increasing _____ cooling).** (*Emergency Care for Professional Responders*)

- A. Convection ... Evaporative
- B. Conduction ... Radiation
- C. Evaporation ... Convective
- D. Dilation ... Corrective

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15-12. **Electrolyte replacement is especially important for patients with _____.** (*Emergency Care for Professional Responders*)

- A. Heat Stress
- B. Heat Stroke
- C. Heat Exhaustion
- D. Heat Cramps

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15-13. **A patient with dry, hot skin is likely suffering _____.** (*Emergency Care for Professional Responders*)

- A. Heat Stress
- B. Heat Stroke
- C. Heat Exhaustion
- D. Heat Cramps

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15-14. **Which of the following is NOT a sign or symptom that indicates a heat-stressed patient should be placed in the Rapid Transport Category?** (*Emergency Care for Professional Responders*)

- A. Headache
- B. Altered Behaviour
- C. Rapid ... weak pulse
- D. Rapid ... shallow breathing

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15-15. **Which of the following lists the 4 distinct stages of Cold Stress in ascending order of progressive severity?** (*Emergency Care for Professional Responders*)

- A. Cold Stress ... Mild Hypothermia ... Moderate Hypothermia ... Severe Hypothermia
- B. Mild Hypothermia ... Moderate Hypothermia ... Severe Hypothermia ... Cold Stressed
- C. Cold Stress ... Mild Hypothermia ... Severe Hypothermia ... Clinical Hypothermia
- D. Mild Hypothermia ... Moderate Hypothermia ... Severe Hypothermia ... Critical Hypothermia

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15-16. **Which of the following is a sign that the patient has progressed to Severe Hypothermia?** (*Emergency Care for Professional Responders*)

- A. Intermittent Shivering
- B. Cessation of Shivering
- C. Vigorous Shivering
- D. Weak Shivering

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15-17. **You may need to create a shelter before placing the patient in a hypothermia wrap if shelter or transport is _____.** *(Emergency Care for Professional Responders)*

- A. Less than 30 minutes away
- B. More than 30 minutes away
- C. Immediately available
- D. More than 90 minutes away

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15-18. **A warm, sugary, non-alcoholic drink may be appropriate care for a hypothermic patient, if the patient is _____ and the drink is not too hot.** *(Emergency Care for Professional Responders)*

- A. Horizontal
- B. Unresponsive
- C. Responsive
- D. Semi-Prone

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15-19. **Assume a patient is severely hypothermic if they are cold and unresponsive.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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15-20. _____ **is a local, superficial condition that occurs when skin is exposed to cold temperatures and begins to freeze.** *(Emergency Care for Professional Responders)*

- A. Hypothermia
- B. Cold Stress
- C. Frostbite
- D. Frost Nip

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15-21. **When _____ occurs, the water inside and between the body's cells begins to freeze and swell.** *(Emergency Care for Professional Responders)*

- A. Hypothermia
- B. Cold Stress
- C. Frostbite
- D. Frost Nip

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15-22. **When the frostbitten area you should immediately break any blisters, then place sterile, non-adherent dressings between the affected fingers and/or toes.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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15-23. **As water is inhaled, it can stimulate _____ and the closing of the vocal cords.** *(Emergency Care for Professional Responders)*

- A. Laryngospasm
- B. Bronchodilation
- C. Tachypnea
- D. Cushing's Triad

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15-24. **A responsive drowning patient will usually struggle for _____ before submerging.** *(Emergency Care for Professional Responders)*

- A. 5-10 seconds
- B. 15-30 seconds
- C. 20-60 seconds
- D. 60-120 seconds

15-25. **Which of the following lists the steps, in correct order, that you should take to rescue a drowning patient while ensuring your own safety?** (*Emergency Care for Professional Responders*)

- A. Row ... Go ... Throw
- B. Talk ... Throw ... Reach
- C. Reach ... Go ... Tow
- D. Run ... Yell ... Swim

15-26. **Patients have been successfully resuscitated even after being submerged in cold water for longer than _____.** (*Emergency Care for Professional Responders*)

- A. 30 minutes
- B. 2 days
- C. 120 minutes
- D. 90 minutes

15-27. **What does the acronym H-E-L-P stand for, with relation to self-rescue from the water.** (*Emergency Care for Professional Responders*)

- A. Have Everyone Leave Perimeter
- B. Hear Escape Land Prevent
- C. Heart Embolism Live Paddle
- D. Heat Escape Lessening Position

15-28. **Which of the following is NOT one of the 4 phases of cold-water immersion.** (*Emergency Care for Professional Responders*)

- A. Cold Shock Unresponsiveness
- B. Cold Incapacitation
- C. Hypothermia
- D. Circum-Rescue Collapse

15-29. **Drowning in cold water can _____ a patient's chances of resuscitation.** (*Emergency Care for Professional Responders*)

- A. Increase
- B. Decrease
- C. Guarantee
- D. Eliminate

15-30. **At higher altitudes, the lower atmospheric pressure results in less available oxygen in the air, resulting in _____.** (*Emergency Care for Professional Responders*)

- A. Hypoxemia
- B. Hypoxia
- C. Hyperoxemia
- D. Hyponatraemia

15-31. **Edema (accumulation of fluid) within the interstitial space of the brain can contribute to the development of _____.** (*Emergency Care for Professional Responders*)

- A. Acute Mountain Sickness
- B. High Altitude Cerebral Edema
- C. High Altitude Pulmonary Edema
- D. Both A and B

15-32. **Edema (accumulation of fluid) in the alveoli of the lungs can contribute to the development of _____.** *(Emergency Care for Professional Responders)*

- A. Acute Mountain Sickness
- B. High Altitude Cerebral Edema
- C. High Altitude Pulmonary Edema
- D. All of the above

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15-33. **The most common cause of death related to high altitude is _____.** *(Emergency Care for Professional Responders)*

- A. Acute Mountain Sickness
- B. High Altitude Cerebral Edema
- C. High Altitude Pulmonary Edema
- D. All of the above

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15-34. **The standard level of atmospheric pressure at sea level is referred to a _____.** *(Emergency Care for Professional Responders)*

- A. 1 ATM
- B. 2 ATM
- C. 3 ATM
- D. 4 ATM

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15-35. **What is the hotline number to contact the Divers Alert Network?** *(Emergency Care for Professional Responders)*

- A. 1-800-SCUBADAN
- B. 1-877- 444-4444
- C. 1-919-684-9111
- D. 1-800-LIFELINE

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15-36. **Barotrauma of descent results when something blocks the opening between an internal space and environment, trapping _____ in the space.** *(Emergency Care for Professional Responders)*

- A. Gas
- B. Oxygen
- C. Carbon Monoxide
- D. Carbon Dioxide

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15-37. _____ **occurs when, as external pressure decreases during ascent, the trapped air in the lungs expands against the closed glottis, causing alveoli to rupture.** *(Emergency Care for Professional Responders)*

- A. Pulmonary Barotrauma
- B. Barotrauma of Descent
- C. Arterial Gas Embolism
- D. Nitrogen Narcosis

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15-38. **Air entering arterial blood through ruptured _____ can distribute bubbles into body tissues (including the heart and the brain) where they disrupt circulation.** *(Emergency Care for Professional Responders)*

- A. Capillaries
- B. Ventricles
- C. Pulmonary Vessels
- D. Aortic Arches

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15-39. In general, it should be assumed that a diver has suffered _____ when he or she is unresponsive upon surfacing or loses responsiveness within 10 minutes after surfacing. (*Emergency Care for Professional Responders*)

- A. HACE
- B. AGE
- C. COPD
- D. DCS

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15-40. If a dive ascent to the surface is too rapid, some of the excess dissolved _____ gas can supersaturate within the tissues, and come out of solution to form bubbles in the surrounding tissues. (*Emergency Care for Professional Responders*)

- A. Oxygen
- B. Carbon Dioxide
- C. Nitrogen
- D. Carbon Monoxide

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15-41. Treatment of _____ mirrors the treatment for AGE. (*Emergency Care for Professional Responders*)

- A. AMS
- B. DCS
- C. COPD
- D. HAPE

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15-42. _____ is caused when the dissolved nitrogen in the body increases to the point that it begins to impair the nervous system. (*Emergency Care for Professional Responders*)

- A. Nitroglycerin Narcosis
- B. Nitrogen Narcolepsy
- C. Nitrogen Narcotics
- D. Nitrogen Narcosis

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Section 16: Pregnancy, Labour, and Delivery

16-1. A fetus receives nutrients from the mother through a specialized organ attached to the _____ called the placenta. (*Emergency Care for Professional Responders*)

- A. Uranus
- B. Uterus
- C. Umbilicus
- D. Uvula

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16-2. The placenta is attached to the fetus by a flexible structure called the _____. (*Emergency Care for Professional Responders*)

- A. Spinal Cord
- B. Umbilical Cord
- C. Tactical Cord
- D. Biblical Cord

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16-3. The _____ is a short tube of muscle at the upper end of the birth canal that serves as a pathway from the uterus to the vaginal opening. (*Emergency Care for Professional Responders*)

- A. Cortex
- B. Placenta
- C. Umbilicus

- D. Cervix

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16-4. **The amniotic sac will always rupture within a few minutes of the onset of contractions.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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16-5. **Which of the following identifies the 4 stages of the labour process, in the correct order?** (*Emergency Care for Professional Responders*)

- A. Preparation ... Delivery of Baby ... Delivery of Placenta ... Stabilization
 B. Preparation ... Delivery of Placenta ... Delivery of Baby ... Stabilization
 C. Preparation ... Stabilization ... Delivery of Baby ... Delivery of Placenta
 D. Preparation ... Delivery of Baby ... Stabilization ... Delivery of Placenta

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16-6. **A strong urge to push usually indicates that delivery is imminent.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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16-7. **When the contractions are less than _____ apart, childbirth is imminent.** (*Emergency Care for Professional Responders*)

- A. 3 minutes
 B. 30 seconds
 C. 30 minutes
 D. 3 seconds

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16-8. **Delivery of the placenta usually occurs within _____ after delivery of the neonate.** (*Emergency Care for Professional Responders*)

- A. 20 seconds
 B. 20 hours
 C. 20 minutes
 D. 2 days

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16-9. **Bleeding that cannot be controlled after the neonate is born is not generally a serious problem.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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16-10. **Which of the following is NOT one of your duties when assisting with the delivery of a baby?** (*Emergency Care for Professional Responders*)

- A. Create a clean environment
 B. Pull the baby out of the birth canal
 C. Minimize the possibility of injury to the mother and baby
 D. Help the mother into a position of comfort

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16-11. **If the umbilical cord is looped around the baby's neck, you should gently slip it over the baby's head or shoulders.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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16-12. **The expectant mother should be directed to stop pushing once crowning occurs.** (*Emergency Care for Professional Responders*)

- A. True

B. False

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16-13. **Once the neonate is born, you should _____ the umbilical cord at 10 cm and 15 cm from the neonate.** (*Emergency Care for Professional Responders*)

- A. Cut
- B. Bite through
- C. Knot
- D. Clamp

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16-14. **A(n) _____ can be used to clear the neonate's mouth and nose of mucous.** (*Emergency Care for Professional Responders*)

- A. Cordless Vacuum
- B. Nasal Canula
- C. Bulb Syringe
- D. Bag-Valve-Mask

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16-15. _____ **helps clear the neonate's airway of fluids and promotes respiration.** (*Emergency Care for Professional Responders*)

- A. Crying
- B. Wriggling
- C. Being dropped
- D. Being cold

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16-16. **If the neonate has not made any sounds, you may need to elicit the crying response by flicking the feet or drying the neonate vigorously for 30 seconds.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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16-17. **If a neonate has respirations that are absent or ineffective, but has a pulse rate of _____ bpm, provide ventilations at a rate of 1 breath every 3 seconds.** (*Emergency Care for Professional Responders*)

- A. 0-60
- B. 60-100
- C. 20-40
- D. 30-50

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16-18. **A neonate who is has some flexion in the extremities, sneezes and coughs, has a pulse rate of 120 bpm, has a pink torso and extremities, and is crying would have an APGAR score of:** (*Emergency Care for Professional Responders*)

- A. 6
- B. 7
- C. 8
- D. 9

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16-19. **An APGAR score of _____ is fairly uncommon, and a perfectly healthy neonate may have a score of _____.** (*Emergency Care for Professional Responders*)

- A. 7 ... 8-9
- B. 7-8 ... 10
- C. 10 ... 7-8
- D. 8-9 ... 10

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16-20. **A neonatal transport team should only be requested if there are complications or life-threatening conditions.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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16-21. **Directing the mother to gently massage her lower abdomen after delivery may help to eliminate _____.** *(Emergency Care for Professional Responders)*

- A. Blood Clots
- B. Postpartum Depression
- C. The Placenta
- D. Scarring

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16-22. **Vaginal packing with sterile dressings is the recommended method to control Postpartum Bleeding.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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16-23. **Midwives are governed by _____ legislation.** *(Emergency Care for Professional Responders)*

- A. Federal
- B. Municipal
- C. Ministerial
- D. Provincial

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16-24. **Which of the following identifies two important signs and symptoms that are cause for concern with a pregnant patient?** *(Emergency Care for Professional Responders)*

- A. Abdominal Pain and Headache
- B. Depression and Vaginal Bleeding
- C. Abdominal Pain and Vaginal Bleeding
- D. Vaginal Bleeding and Sweating

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16-25. **Spontaneous abortion is sometimes called _____ and is the spontaneous termination of pregnancy from any cause before _____ of gestation.** *(Emergency Care for Professional Responders)*

- A. Ectopic Pregnancy ... 10 weeks
- B. Postpartum ... 20 weeks
- C. Braxton Hicks ... 15 weeks
- D. Miscarriage ... 20 weeks

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16-26. **Labour that begins between the _____ and _____ week of gestation is called premature or preterm labour, and is a medical emergency.** *(Emergency Care for Professional Responders)*

- A. 10th ... 12th
- B. 15th ... 26th
- C. 20th ... 37th
- D. 17th ... 29th

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16-27. **Braxton Hicks contractions increase in intensity and become closer together over time.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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16-28. **A ruptured _____ usually causes severe hemorrhage and is the leading cause of maternal death in the first trimester.** *(Emergency Care for Professional Responders)*

- A. Placenta
- B. Cervix
- C. Ectopic Pregnancy
- D. Umbilical Cord

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16-29. **Which of the following is NOT considered one of the common causes of Third Trimester Bleeding?** *(Emergency Care for Professional Responders)*

- A. Abruptio Placentae
- B. Disruptio Ovum
- C. Placenta Previa
- D. Uterine Rupture

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16-30. **What is the most common complication of childbirth?** *(Emergency Care for Professional Responders)*

- A. Prolapsed Cord
- B. Breech Birth
- C. Vaginal Bleeding
- D. Limb Presentation

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16-31. **If you notice a prolapsed cord, have the mother assume a _____ position, leaning to the left side.** *(Emergency Care for Professional Responders)*

- A. Supine
- B. Semi-Fowler's
- C. Knee-Chest
- D. Fowler's

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16-32. **If the head has not been delivered within 3 minutes of the body during a Breech Birth, you will need to help create an airway by placing your gloved hand into the vagina, next to the baby's mouth and spreading your fingers to form a "V".** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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16-33. **If the baby's arms or legs present first during delivery, you should pull on them.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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16-34. **If multiple births are anticipated, you should not clamp the umbilical cord until after the last neonate has been delivered.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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16-35. _____ is a premature separation of the placenta from the uterus. *(EMR Cheat Sheet)*

- A. Placenta Previa
- B. Prolapsed Cord
- C. Abruptio Placenta
- D. Gestational Diabetes

17-1. If you have any to suspect the abuse or neglect of a child, you have a moral and _____ obligation to report your suspicions. (Emergency Care for Professional Responders)

- A. Ethical
- B. Philosophical
- C. Legal
- D. Communal

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17-2. Which of the following lists the five stages of development, in order of ascending age range, between birth and 18 years of age? (Emergency Care for Professional Responders)

- A. Neonate ... Infant ... Preschooler ... School-aged ... Pubescent
- B. Neonate ... Infant ... Preschooler ... School-aged ... Adolescent
- C. Neonate ... Pediatric ... Preschooler ... School-aged ... Adolescent
- D. Neonate ... Infant ... Preschooler ... Highschooler ... Adolescent

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17-3. When assessing a child or infant, you should note that they have many _____ and _____ differences when compared with adults. (Emergency Care for Professional Responders)

- A. Physiological ... Psychological
- B. Anatomical ... Psychosomatic
- C. Anatomical ... Physiological
- D. Psychological ... Developmental

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17-4. A significant difference in a pediatric patient's Integumentary system is that they have _____. The clinical significance of this is that _____. (Emergency Care for Professional Responders)

- A. Thicker Skin ... They do not feel pain
- B. Thinner Skin ... Burns are more severe
- C. More pores ... Sweat more profusely
- D. Larger pores ... More prone to infection

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17-5. The normal resting heart rate for infants and toddlers is _____ bpm. (Emergency Care for Professional Responders)

- A. 120-200
- B. 50-80
- C. 100-160
- D. 110-120

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17-6. When assessing a child, you should try to keep them separated from loved ones to ensure accurate and independent answers to your questions. (Emergency Care for Professional Responders)

- A. True
- B. False

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17-7. Which of the following is NOT a common childhood vaccine? (Emergency Care for Professional Responders)

- A. Tetanus
- B. Pertussis
- C. Diptheria
- D. Chicken Pox

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17-8. Chicken Pox is a viral infection that is most contagious _____ before the onset of the rash, and for approximately _____ after the onset. (Emergency Care for Professional Responders)

- A. 2 weeks ... 8 days

- B. 3-4 days ... 1 week
- C. 5 days ... 1-2 weeks
- D. 1-2 days ... 5 days

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17-9. **Which of the following is NOT a common childhood illness?** *(Emergency Care for Professional Responders)*

- A. Scabies
- B. Impetigo
- C. Polio
- D. Prickly Heat Rash

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17-10. **Which of the following is NOT considered a common pediatric condition?** *(Emergency Care for Professional Responders)*

- A. Sudden Infant Death Syndrome
- B. Shaken Baby Syndrome
- C. Crohn's Disease
- D. Dehydration

Page 321-322 of the Emergency Care for Professional Responders text book

17-11. _____ patients are generally considered those over 65 years old. *(Emergency Care for Professional Responders)*

- A. Pediatric
- B. Geriatric
- C. Bariatric
- D. Octogenarian

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17-12. **Older adults are at an increased risk of injury, with a common cause of injury being ____.** *(Emergency Care for Professional Responders)*

- A. Falls
- B. Absent Mindedness
- C. Dementia
- D. Poor nutrition

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17-13. **As a person ages, the size of the brain decreases, which results in increased space between the brain and the skull.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

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17-14. **If you are caring for a patient with _____ try to determine whether confusion is the result of an acute injury or illness or of a pre-existing condition.** *(Emergency Care for Professional Responders)*

- A. Osteoporosis
- B. Service Animals
- C. Obesity
- D. Dementia

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17-15. **When the _____ content of bones decreases, the bones become frail, less dense, and less able to repair themselves.** *(Emergency Care for Professional Responders)*

- A. Iron
- B. Calcium
- C. Magnesium
- D. Vitamin B

17-16. **Which of the following is NOT one of the most common health concerns seen in Bariatric patients?** *(Emergency Care for Professional Responders)*

- A. Dementia
- B. Diabetes Mellitus
- C. Hypertension
- D. Hyperlipidemia

17-17. **Palliative patients are those with _____ illnesses.** *(Emergency Care for Professional Responders)*

- A. Terminal
- B. Treatable
- C. Bariatric
- D. Geriatric

17-18. **The paralyzing effects of a stroke are considered a _____ impairment.** *(Emergency Care for Professional Responders)*

- A. Physical
- B. Intellectual
- C. Cognitive
- D. Developmental

17-19. **A service animal should be transported with the patient to a medical facility.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

17-20. **An example of a mobility aids includes _____.** *(Emergency Care for Professional Responders)*

- A. Wheelchair
- B. Cane
- C. Ramp
- D. All of the above

17-21. **When assisting a patient with a visual impairment to walk, you should have them hold onto your arm and move at a _____ pace.** *(Emergency Care for Professional Responders)*

- A. Rapid
- B. Normal
- C. Slow
- D. Erratic

17-22. **Communicating through a digital device such as a smart phone may be an appropriate communication method for a patient with a hearing impairment.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

17-23. **When communicating with a deafblind patient, you should speak directly to their intervenor throughout the assessment.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

17-24. **Patients with speech or language impairments will always have at least one accompanying intellectual or developmental impairment.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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17-25. **Which of the following is NOT considered a common cause of physical impairment?** (*Emergency Care for Professional Responders*)

- A. Cerebral Palsy
- B. Multiple Sclerosis
- C. Alzheimer's
- D. Spinal Cord Injury

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17-26. **Always approach a patient with a mental impairment as you would any other patient in his or her age group.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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17-27. **A normal 8 year old will generally have a systolic blood pressure of _____ mmHg.** (*EMR Cheat Sheet*)

- A. 50-70
- B. 80-110
- C. 60-100
- D. 120-140

Section 18: Crisis Intervention

18-1. **Suicide is the leading cause of death for people aged _____ to _____.** (*Emergency Care for Professional Responders*)

- A. 24-36
- B. 18-32
- C. 17-28
- D. 15-19

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18-2. **Assault only needs to be reported to the police if it involves a child.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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18-3. **You should discourage a patient who has experienced a sexual assault from bathing before a medical examination can be performed.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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18-4. **When responding to an emergency where an assault has taken place, your first priority is your own safety.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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18-5. **The death of a patient may have an impact on _____.** (*Emergency Care for Professional Responders*)

- A. The patient's family
- B. Your partner
- C. You

- D. All of the above

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18-6. **When responding to a mental health crisis, you have a responsibility to act as therapist to the patient, as well as providing treatment and care for physical injuries.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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18-7. **Which of the following is NOT a common mental health condition resulting in crises?** (*Emergency Care for Professional Responders*)

- A. Anxiety
 B. Depression
 C. Madness
 D. Psychosis

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18-8. _____ **is a term for mental disorders in which the dominant mood is fear and apprehension.** (*Emergency Care for Professional Responders*)

- A. Psychosis
 B. Anxiety
 C. Depression
 D. Schizophrenia

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18-9. **Major Depression is also referred to as _____.** (*Emergency Care for Professional Responders*)

- A. Cortical Depression
 B. Clinical Depression
 C. Critical Depression
 D. Chronic Depression

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18-10. **Which of the following is NOT considered a common sign or symptom of Psychosis?** (*Emergency Care for Professional Responders*)

- A. Suicidal Ideation
 B. Hallucinations
 C. Mania
 D. Lucidity

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Section 19: Reaching, Lifting and Extricating Patients

19-1. **Always ensure a door is locked before initiating forcible entry procedures.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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19-2. **It is important to establish _____ or _____ protocols to ensure all personnel on the scene of a Motor Vehicle Collision can coordinate their efforts effectively.** (*Emergency Care for Professional Responders*)

- A. MVC ... CVA
 B. RBS ... RTC
 C. ESM ... ISM
 D. DVS ... TIA

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19-3. **The simplest vehicle stabilization technique is called _____.** (*Emergency Care for Professional Responders*)

- A. Immobilizing
- B. Fusing
- C. Chocking
- D. Cribbing

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19-4. **Once you have safe access to the interior of a motor vehicle, you should _____.** (*Emergency Care for Professional Responders*)

- A. Place the vehicle in park (automatic transmission) or neutral (manual transmission)
- B. Turn off the ignition
- C. Activate the emergency brake
- D. All of the above

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19-5. **If glass needs to be broken to access the patient, choose a window _____.** (*Emergency Care for Professional Responders*)

- A. As close to the patient as possible
- B. That is above the patient's head
- C. That is below the patient's knees
- D. A far from the patient as possible

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19-6. **If airbags deploy during patient extrication, they can strike a patient or responder with enough force to cause death.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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19-7. **Hybrid or Electric Vehicles may remain electrically live for up to _____ minutes after the vehicle is shut off or disabled.** (*Emergency Care for Professional Responders*)

- A. 10 minutes
- B. 2 minutes
- C. 30 seconds
- D. 90 seconds

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19-8. **Which of the following would NOT require you to immediately move a patient during an emergency?** (*Emergency Care for Professional Responders*)

- A. The scene becomes unsafe
- B. You must gain access to other patients
- C. The patient is complaining of neck pain
- D. You cannot provide proper treatment

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19-9. **Which of the following is NOT a basic principle of body mechanics.** (*Emergency Care for Professional Responders*)

- A. Lift with your legs, not your back
- B. Keep your body aligned
- C. Use as many personnel as necessary
- D. Keep the weight as far away from you as possible

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19-10. **The Extremity Lift is also called the _____.** (*Emergency Care for Professional Responders*)

- A. Two-person-seat-carry
- B. Tow-and-go
- C. Fore-and-aft lift
- D. Lift-and-drift

19-11. **Which of the following is NOT a common type of stretcher or lifting device?** (*Emergency Care for Professional Responders*)

- A. Scoop Stretcher
- B. Spine Stretcher
- C. Clamshell
- D. Stokes Basket

19-12. **Load the patient _____ into the ambulance.** (*Emergency Care for Professional Responders*)

- A. Feet First
- B. Head First
- C. Supine
- D. Prone

19-13. _____ **are sheets of strong, semi-rigid plastic that can slide beneath a patient to facilitate transfer from a bed to a stretcher.** (*Emergency Care for Professional Responders*)

- A. Clamshells
- B. Stokes Baskets
- C. Stair Chairs
- D. Transfer Boards

19-14. **A _____ multi-level stretcher has a wider patient surface and wheelbase, and is rated for a higher weight load.** (*Emergency Care for Professional Responders*)

- A. Bed-o-matic
- B. Barometric
- C. Bariatric
- D. Barbaric

Section 20: Transportation

20-1. **Completing an ambulance equipment and supply checklist at the beginning of every _____ is important for safety, patient care, and risk management.** (*Emergency Care for Professional Responders*)

- A. Week
- B. Month
- C. Work Shift
- D. Hour

20-2. _____ **should determine how and when to remove a vehicle from service.** (*Emergency Care for Professional Responders*)

- A. Responders
- B. Crews
- C. Patients
- D. Organizations

20-3. **You should what went well and what could have gone better with your partner _____.** (*Emergency Care for Professional Responders*)

- A. At the start of each shift
- B. In your yearly performance review
- C. Before disciplinary hearings

- D. At the end of each shift

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20-4. **Professional responders who are travelling to an emergency or a hospital are exempt from all laws and acts that govern the use of motor vehicles.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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20-5. _____ is the mental framework that structures your day-to-day driving performance. (*Emergency Care for Professional Responders*)

- A. Confidence
 B. Arrogance
 C. Attitude
 D. Righteousness

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20-6. **When hazardous environmental conditions are present, the driver should maintain a speed and following distance that is appropriate to the _____.** (*Emergency Care for Professional Responders*)

- A. Nature of the emergency
 B. Urgency of the response
 C. Conditions
 D. Distance being travelled

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20-7. **The use of warning devices provides absolute right-of-way to proceed through intersections.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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20-8. **Most provinces and territories require all emergency vehicles to come to a complete stop at controlled intersections.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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20-9. **If leaking fuel, gas or hazardous materials are present, your vehicle should be positioned _____, _____ and at a safe distance.** (*Emergency Care for Professional Responders*)

- A. Downhill ... Upwind
 B. Uphill ... Downwind
 C. Downwind ... Downhill
 D. Uphill ... Upwind

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20-10. **You are protected from all legal liability when operating an emergency vehicle.** (*Emergency Care for Professional Responders*)

- A. True
 B. False

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20-11. **Fixed-wing aircraft are particularly useful to transport patients or vital organs distances greater than _____.** (*Emergency Care for Professional Responders*)

- A. 50 km
 B. 100 km
 C. 150km
 D. 200 km

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20-12. A _____ position is often the safest for transporting patients with compromised airways, when using air medical transport. (*Emergency Care for Professional Responders*)

- A. Lateral
- B. Prone
- C. Supine
- D. Trendelenburg

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20-13. A helicopter landing zone should be approximately _____. (*Emergency Care for Professional Responders*)

- A. 46 meters by 46 meters
- B. 151 meters by 151 meters
- C. 46 feet by 46 feet
- D. Any of the above

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20-14. Maintain a distance of at least _____ during helicopter take-off and landing. (*Emergency Care for Professional Responders*)

- A. 60 feet
- B. 200 feet
- C. 200 meters
- D. Any of the above

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Section 21: Multiple Casualty Incidents

21-1. A Multiple-Casualty Incident (MCI) refers to a situation involving _____ or more patients. (*Emergency Care for Professional Responders*)

- A. 2
- B. 3
- C. 4
- D. 5

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21-2. Which of the following is NOT a key component of an Incident Command System (ICS)? (*Emergency Care for Professional Responders*)

- A. Incident Command
- B. Operations
- C. Logistics
- D. Social Media

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21-3. If the incident is beyond your scope of practice, you should act as Incident Commander only until more experienced personnel arrive. (*Emergency Care for Professional Responders*)

- A. True
- B. False

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21-4. The patient assessment model must be modified in a Multiple Casualty Incident. (*Emergency Care for Professional Responders*)

- A. True
- B. False

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21-5. The _____ process is used any time there are more patients than responders. (*Emergency Care for Professional Responders*)

- A. Triage
- B. Patient Assessment Model

- C. Moulage
- D. Cushing's Triad

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21-6. **The acronym S-T-A-R-T stands for _____.** *(Emergency Care for Professional Responders)*

- A. Simple Triage and Rapid Treatment
- B. Staging ... Treatment ... Reevaluate ... Transport
- C. See ... Touch ... Assess ... Resuscitate ... Treat
- D. Sound ... Tactile ... Active ... Review ... Test

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21-7. **In the START system, the color green is used to indicate a patient who is in the _____ category.** *(Emergency Care for Professional Responders)*

- A. Dead (Non-Salvageable)
- B. Delayed Treatment
- C. Immediate Treatment
- D. Minor Injuries

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21-8. **In the START system, the color black is used to indicate a patient who is in the _____ category.** *(Emergency Care for Professional Responders)*

- A. Dead (Non-Salvageable)
- B. Delayed Treatment
- C. Immediate Treatment
- D. Minor Injuries

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21-9. **In the START system, the color red is used to indicate a patient who is in the _____ category.** *(Emergency Care for Professional Responders)*

- A. Dead (Non-Salvageable)
- B. Delayed Treatment
- C. Immediate Treatment
- D. Minor Injuries

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21-10. **In the START system, the color yellow is used to indicate a patient who is in the _____ category.** *(Emergency Care for Professional Responders)*

- A. Dead (Non-Salvageable)
- B. Delayed Treatment
- C. Immediate Treatment
- D. Minor Injuries

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21-11. **Which of the following outlines the steps taken, in correct order, to assess a patient in a Multiple Casualty Incident?** *(Emergency Care for Professional Responders)*

- A. Check Level of Responsiveness ... Check Circulation ... Check Respiration
- B. Check Respiration ... Check Level of Responsiveness ... Check Circulation
- C. Check Circulation ... Check Respiration ... Check Level of Responsiveness
- D. Check Respiration ... Check Circulation ... Check Level of Responsiveness

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21-12. **The main difference between a patient in minor (Green) category, and a patient in the delayed (Yellow) category, is that the patient in the delayed category is unable to _____.** *(Emergency Care for Professional Responders)*

- A. Breathe
- B. Walk
- C. Speak
- D. Respond

21-13. **An MCI patient with a respiration rate of greater than _____ breaths per minute should be classified as immediate (Red).** (*Emergency Care for Professional Responders*)

- A. 10
- B. 20
- C. 30
- D. 40

21-14. **If an MCI patient's radial pulse is _____ they should be placed in the immediate (Red) category.** (*Emergency Care for Professional Responders*)

- A. Present
- B. Absent
- C. Strong
- D. Rapid

21-15. **An MCI patient who is either V,P, or U in the AVPU responsiveness scale should be placed in the _____ category.** (*Emergency Care for Professional Responders*)

- A. Minor (Green)
- B. Delayed (Yellow)
- C. Immediate (Red)
- D. Dead/Non-Salvageable (Black)

21-16. **If an MCI patient's Respirations place them in the immediate (Red) category, you do not need to assess their Circulation or Level of Responsiveness.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

21-17. **If an MCI patient does not have a palpable radial pulse, you do not need to assess their Level of Responsiveness.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

21-18. **The acronym CBRNE stands for _____.** (*Emergency Care for Professional Responders*)

- A. Chemical ... Biological ... Radiological ... Nuclear ... Exposure
- B. Chemical ... Biological ... Radiological ... Nuclear ... Explosive
- C. Chemical ... Biological ... Radicalized ... Nuclear ... Explosive
- D. Chemical ... Biophosphorous ... Radiological ... Nuclear ... Explosive

21-19. **Which of the following is NOT considered a common method of dissemination of CBRNE weapons?** (*Emergency Care for Professional Responders*)

- A. Mechanical action
- B. Chemical reaction
- C. Nuclear devices
- D. Pneumatic devices

21-20. **A single combination of PPE that will be effective for all CBRNE events is available for professional responders through a government grant program.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

21-21. **What should you pay special attention to when confronted with a CBRNE event?** *(Emergency Care for Professional Responders)*

- A. Identify an escape route
- B. Number and location of and severity of patients
- C. Secondary devices and possible presence of a perpetrator
- D. All of the above

21-22. **The _____ perimeter is established beyond the _____ perimeter.** *(Emergency Care for Professional Responders)*

- A. Outer ... Security
- B. Inner ... Outer
- C. Security ... Outer
- D. Outer ... Inner

21-23. **Without PPE appropriate to the situation, assessment and care should only be attempted after the patient has been decontaminated.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

21-24. _____ **is the care a patient provides to him or herself while being directed by another (more qualified) person.** *(Emergency Care for Professional Responders)*

- A. Directed First Aid
- B. Self-Care
- C. Medical Supervision
- D. First Response

21-25. **Emergency Wash-Down is an effective alternative to proper decontamination.** *(Emergency Care for Professional Responders)*

- A. True
- B. False

Section 22: Pharmacology

22-1. _____ **are conditions that make the administration of a drug appropriate.** *(Emergency Care for Professional Responders)*

- A. Indications
- B. Contraindication
- C. Illnesses
- D. Medical Conditions

22-2. _____ **are conditions that make administration of the drug inappropriate due to potential harmful effects.** *(Emergency Care for Professional Responders)*

- A. Indications
- B. Contraindications
- C. Side Effects
- D. Illnesses

22-3. _____ **are any reactions to the drug other than the intended effects.** *(Emergency Care for Professional Responders)*

- A. Indications

- B. Contraindications
- C. Side Effects
- D. Genetic Conditions

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22-4. **If a drug is indicated, it will not have any negative effects.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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22-5. **Erectile Dysfunction (ED) drugs are a(n) _____ for Nitroglycerin.** (*Emergency Care for Professional Responders*)

- A. Indication
- B. Contraindication
- C. Side Effect
- D. Companion

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22-6. _____ **means making the decision to give a medication to a patient.** (*Emergency Care for Professional Responders*)

- A. Assisting
- B. Administration
- C. Dosing
- D. Appropriation

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22-7. **Assisting with a medication means following a _____ specific direction to help with medication.** (*Emergency Care for Professional Responders*)

- A. Medical Director's
- B. Pharmacist's
- C. Medical Supervisor's
- D. Patient's

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22-8. **In some cases, a _____ can authorize a responder to administer medication.** (*Emergency Care for Professional Responders*)

- A. Family Member
- B. Bystander
- C. Physician
- D. Registered Pharmacist

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22-9. **Which of the following lists the 6 Rights of medication?** (*Emergency Care for Professional Responders*)

- A. Person ... Medication ... Dosage ... Treatment ... Documentation
- B. Person ... Moderation ... Dosage ... Time ... Documentation
- C. Person ... Medication ... Dosage ... Time ... Documentation
- D. Person ... Medication ... Damage ... Time ... Documentation

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22-10. **Documentation after you administer or assist with medication should include any changes in the patient's condition.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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22-11. **A(n) _____ is a drug that binds with a receptor in the body to produce a biological response.** (*Emergency Care for Professional Responders*)

- A. Agonist

- B. Antagonist
- C. Synergist
- D. Drug Interaction

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22-12. **A(n) _____ is a drug that combines with a receptor to prevent a biological response.** (*Emergency Care for Professional Responders*)

- A. Agonist
- B. Antagonist
- C. Synergist
- D. Therapeutic Action

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22-13. **Potentiation is a(n) _____ in the effect of a drug due to the administration of another drug.** (*Emergency Care for Professional Responders*)

- A. Increase
- B. Decrease
- C. Dulling
- D. Inversion

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22-14. **Synergism is sometimes expressed as _____.** (*Emergency Care for Professional Responders*)

- A. $1 + 1 = 2$
- B. $1 \times 1 = 2$
- C. $1 + 2 = 3$
- D. $1 + 1 = 3$

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22-15. **The two most important drug names are the _____ and the _____.** (*Emergency Care for Professional Responders*)

- A. Chemical Name ... Official Name
- B. Trade Name ... Chemical Name
- C. Generic Name ... Trade Name
- D. Official Name ... Chemical Name

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22-17. **Which of the following is NOT an Enteral route of administration?** (*Emergency Care for Professional Responders*)

- A. Oral
- B. Sublingual
- C. Rectal
- D. Endotracheal

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22-18. **Which of the following is NOT a Parenteral route of administration?** (*Emergency Care for Professional Responders*)

- A. Intravenous
- B. Intranasal
- C. Intramuscular
- D. Buccal

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22-19. **_____ is the process by which a drug is chemically converted into metabolite, which detoxifies the drug and renders it less active.** (*Emergency Care for Professional Responders*)

- A. Biotransformation
- B. Drug Absorption
- C. Drug Distribution

- D. Excretion

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22-20. **The rate of drug distribution to various tissues of the body is depends on _____ of the capillaries to the drug molecule, cardiac output and regional blood flow.** (*Emergency Care for Professional Responders*)

- A. Solubility
 B. Vapor Density
 C. Ionization
 D. Permeability

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22-21. **Which of the following is NOT a factor that influences the actions of drugs?** (*Emergency Care for Professional Responders*)

- A. Age of the patient
 B. Psychological factors
 C. Solubility of the drug
 D. Gender

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22-22. **The sympathetic nervous system is a component of the _____.** (*Emergency Care for Professional Responders*)

- A. Cholinergic Receptors
 B. Autonomic Nervous System
 C. Alpha Receptors
 D. Parasympathetic Nervous System

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22-23. **A(n) _____ consists of tubing that can connect to the catheter in the patient's arm on one side and the drip bag on the other side.** (*Emergency Care for Professional Responders*)

- A. I.V.
 B. Crystalloid Solution
 C. Drip Set
 D. Peripheral Intravenous Line

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22-24. **Which of the following is NOT a crystalloid solution commonly used with an IV line?** (*Emergency Care for Professional Responders*)

- A. Dextrose
 B. D50W
 C. Ringer's Lactate
 D. Normal Saline

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22-25. **Administering 250 ml of fluid, over 120 minutes, through a Micro-Drip drip set would require a flow rate of _____.** (*Emergency Care for Professional Responders*)

- A. 50 gtts/minute
 B. 100 gtts/minute
 C. 125 gtts/minute
 D. 150 gtts/minute

Page 375 of the Emergency Care for Professional Responders text book. { (250ml x 60 gtts/ml) / 120 minutes = 125 gtts/minute }

22-26. **In general, an IV bag should be changed when there is less than _____ of fluid remaining inside it.** (*Emergency Care for Professional Responders*)

- A. 50 ml
 B. 100 ml
 C. 5 L
 D. 250 ml

22-27. **An interstitial IV means the IV fluid is flowing into the _____ instead of into the vein.** (*Emergency Care for Professional Responders*)

- A. Artery
- B. Aorta
- C. Surrounding Tissues
- D. Abdominal Cavity

22-28. _____ **can cause cardiac and pulmonary complications similar to congestive heart failure or pulmonary edema.** (*Emergency Care for Professional Responders*)

- A. Artery
- B. Aorta
- C. Surrounding Tissues
- D. Abdominal Cavity

22-29. _____ **is inflammation of a vein due to the formation of a blood clot.** (*Emergency Care for Professional Responders*)

- A. Thrombophlebitis
- B. Thrombosis
- C. Air Embolism
- D. Allergic Reaction

22-30. **A catheter embolism occurs when the _____ or a portion of it breaks off and is carried away in the blood stream.** (*Emergency Care for Professional Responders*)

- A. Catheter
- B. Air bubble
- C. Drip Set
- D. Blood Clot

22-31. **A(n) _____ can be caused by allowing an IV bag to run dry, or attaching a line that has not been fully purged of air.** (*Emergency Care for Professional Responders*)

- A. Site Infection
- B. Allergic Reaction
- C. Interstitial IV
- D. Air Embolism

22-32. **Which of the following is an indication that the IV should be discontinued?** (*Emergency Care for Professional Responders*)

- A. Interstitial IV
- B. Thrombophlebitis
- C. Catheter Embolism
- D. All of the above

22-33. **When administering medication through an Intra-nasal Injection (IN) you should gently tilt the patient's head _____ slightly.** (*Emergency Care for Professional Responders*)

- A. Forward
- B. Toward the larger nostril
- C. Away from the larger nostril
- D. Back

22-34. The _____ and _____ of the medication should be marked on the vial or ampoule. (*Emergency Care for Professional Responders*)

- A. Name ... Strength
- B. Chemical Name ... Official Name
- C. Patient's name ... Responder's name
- D. Time ... Route

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22-35. A subcutaneous injection is given into the _____ just below the patient's skin. (*Emergency Care for Professional Responders*)

- A. Muscle
- B. Vein
- C. Artery
- D. Layer of fat

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22-36. An intradermal injection is given into the _____ just below the _____. (*Emergency Care for Professional Responders*)

- A. Muscle ... Skin
- B. Vein ... Epidermis
- C. Dermis ... Epidermis
- D. Layer of fat ... Skin

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22-37. Which of the following is NOT a preferred site for an intramuscular injection? (*Emergency Care for Professional Responders*)

- A. Upper quadrant of the left buttock
- B. Upper quadrant of the right buttock
- C. Outer Thigh
- D. Lower quadrant of either buttock

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22-38. Sodium Hypochlorite, or _____, is one of the most common worldwide disinfectants. (*Emergency Care for Professional Responders*)

- A. Peroxide
- B. Saline
- C. Bleach
- D. Iodine

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Section 23: Marine Environment

23-1. Which of the following is NOT one of the most common methods of sterilizing surgical equipment and work surfaces? (*Emergency Care for Professional Responders*)

- A. Autoclaving
- B. Dry Heat
- C. Open Flame
- D. Chemical Antiseptics

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Section 24: Workplace

24-1. A workplace first aid attendant is responsible for their patient until care is transferred to _____. (*Emergency Care for Professional Responders*)

- A. Pre-hospital emergency medical personnel
- B. Hospital Staff
- C. The site manager

- D. Either A or B

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24-2. **Which of the following is NOT a responsibility of everyone on the work site?** (*Emergency Care for Professional Responders*)

- A. Pre-hospital emergency medical personnel
- B. Hospital Staff
- C. The site manager
- D. Either A or B

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24-3. **Supervisors have the authority to override the decision of the first aid attendant with respect to the treatment of an ill or injured person.** (*Emergency Care for Professional Responders*)

- A. True
- B. False

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24-4. **The level of first aid training and the number of required first aid attendants are generally determined by the _____ and _____ of workplace.** (*Emergency Care for Professional Responders*)

- A. Wages ... Return on Investment
- B. Location ... Management
- C. Size ... Type
- D. Rating ... Visibility

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24-5. **The _____ is Canada's national hazard communication standard.** (*Emergency Care for Professional Responders*)

- A. WHMIS
- B. NOCP
- C. WCB
- D. CCOHS

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24-6. _____ **procedures safeguard against the unexpected start-up of machinery and equipment, or the possible release of hazardous energy when equipment is being maintained.** (*Emergency Care for Professional Responders*)

- A. Return to Work
- B. Shut-Down Sequence
- C. Lock-out/tag-out
- D. Look-out

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[Click here to download a printable PDF version of the Answer Key.](#)

End of Answer Key