First Responder Study Guide

First Responder Responder Course Study Guide.

Printable Downloads

- Emergency Care for Professional Responders
- First Responder Cheat Sheet
- First Responder Licensing Process
- Equipment Familiarization Booklet
- Kendrick Extrication Device manual
- DNR Order
- Advance Directives Bulletin

Web-Based Resources

- Emergency Medical Health Assistant's Regulation
- Emergency Health Services Regulation
- Emergency Health Services Act
- NOCP (National Occupational Competency Profiles)
- BC Gunshot and Stab Wound Disclosure Requirements
- Gunshot and Stab Wound Disclosure Act
- Coroner's Act
- Mental Health Act
- Good Samaritan Act
- BC EMALB Website
- Applicant Guide to BC Jurisprudence Exam
- EMALB Application for Licence
- BCeID Profile Platform

Section A: Corrections to the Text Book

Vital Sign Frequency

Page 87 of the <u>Emergency Care for Professional Responders manual</u> 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

O B. 15 ... 30

O C. 5 ... 15

O D. 15 ... 5

Airway Maintenance

• 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
O. If the airway becomes compromised when the manual technique is released
Neonatal CPR Ratios
The CPR charts on pages 152 and 161 of the <u>Emergency Care for Professional Responders manual</u> 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 O A. 3:1
O B. 1:3
○ B.1:3 ○ C.30:1
○ C. 30:1
 C. 30:1 D. 30:2 Section B: Certification & Licensing B-1. How long do you have from the time your First Responder Certificate is issued to complete BC EMALB FR License Evaluations? (FR Licensing Process)
 C. 30:1 D. 30:2 Section B: Certification & Licensing B-1. How long do you have from the time your First Responder Certificate is issued to complete BC EMALB FR License Evaluations? (FR Licensing Process) A. 6 months
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Page 131 of the <u>Emergency Care for Professional Responders manual</u> states:

B-4. How long after the completion of your course will you be submitted to the Canadian Red Cross? (FR Licensing Process)
O A. Within 24 hours
○ B. Within 2 days
○ C. Within 10 days
O. Within 6 months
B-5. Who is responsible for all post-course Licensing arrangements with BC EMALB? (FR Licensing Process) A. BC EMALB
○ B. Canadian Red Cross
○ C. Frontline First Aid
○ D. You
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
O 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
O B. Revoke the licence
○ C. Sue the EMA for damages
O. 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
"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"

○ В.	Emergency Health Services
○ C.	First Aid Provider
O D.	Emergency Medical Assistance
	n Emergency Medical Assistant in BC must notify the EMALB within days of legally changing their name or address. (Emergency Medical nt's Regulation)
○ A.	
О В.	50
O C.	30
O D.	7
	special circumstances, the EMALB may extend the licence of an EMA for up to 60 days, on one occasion, provided the following requirement(s) ave been met. (BC EMALB Website)
○ A.	Special circumstances exist
○ В.	The request is made before the licence expires
O C.	The EMA has continuously maintained a licence throughout the past 5 years
○ D.	Both A and B
from	ccording to the Mental Health Act, a may apprehend and immediately take a person to a physician for examination if satisfied 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 s, and is apparently a person with a mental disorder. (Mental Health Act)
○ A.	Police officer or constable
○ B.	First Aid Attendant
○ C.	Licensed EMA
O D.	All of the above
O A.	f 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 nent prevails? (Advance Directives Bulletin) The DNR/No CPR order The Advance Directive They cancel each other out
O D.	They cannot both exist at the same time
A.B.C.	Who is expected to determine whether a wound is criminal in nature? (Gunshot and Stab Wound Disclosure Requirements) Emergency Medical Assistants Police and other components of the criminal justice system First Responders All of the above
	Gunshot and Stab Wound legislation is not intended to capture stab wounds that have been (Gunshot and Stab Wound Disclosure Act) Determined to have been accidental or self-inflicted
	Freated on scene without the need for hospital transport
	Already documented by WorkSafe BC
	All of the above
J.,	
EMA.	According to, an EMA must report any incompetent, illegal or unethical conduct they witness being perpetrated by another (Emergency Medical Assistant's Regulation)
	NorkSafe BC
	The Paramedic Association of Canada
	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)
O 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
O A. An email from the complainant
O B. A phone call from the Employer
○ C. A letter from the EMALB
O 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) O A. Provide advice to the EMA
O B. Participate in a complaint investigation hearing
○ C. Speak on the EMA's behalf
O 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
O B. Good Samaritan Act
C. Gunshot and Stab Wound Disclosure Act
O. 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) O A. BC Paramedics Union
○ B. Supreme Court
○ C. Interior Health Authority
O. BC Provincial Court
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)
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A. Performance of pre-hospital care skills that can only be delegated by a physician
B. Performance of pre-hospital care skills triat can only be delegated by a physician.
C. Performance of Standing Orders or Medical Control Protocols
O. Performance of skills directly within the licensing scope of the responder
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
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
4.7. Which of the following forms nort of your 7 names recognitibilities?
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
O. All of the above
D. All of the above
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
O. Only when you start to feel the effects of the events you've been involved with
4.0 Critical Incident Street
1-9. Critical Incident Stress (Emergency Care for Professional Responders) O A. Is sign that you may not suited to emergency service
B. Primarily affects bystanders and civilians
C. Is a natural emotional reaction
O. D. All of the above
D. All of the above
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
1-11. Scope of Practice (Emergency Care for Professional Responders)
1-11. Scope of Practice (Emergency Care for Professional Responders) O 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
1-13. The age at which someone is old enough to give or refuse informed consent is (Emergency Care for Professional Responders)

O A. 11		
○ B. 19		
C. 21		
O D. Undefined		
1-12. The principle of Implied Consent applies (Emergency Care for Professional Responders) O A. When the patient refuses care		
O B. When the law assumes the person would grant consent for care if they were able		
○ C. Only to bystanders providing first aid assistance		
O. Whenever you respond to an emergency incident		
1-14. In regards to patient consent, Competence refers to (Emergency Care for Professional Responders)		
O A. The person's belief in a responder's capabilities		
O B. The medical responder's mental and physical condition at the time they are performing their duties		
O. A person's ability to understand the responders questions and understand the implications of decisions		
O 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)		
O A. True		
O B. False		
1-16. The Good Samaritan Act protects you from legal liability as long as you (Emergency Care for Professional Responders)		
O 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) O A. At the scene		
B. During Transport		
C. At the receiving medical care facilityD. All of the above		
O.D. All of the above		
1-18. The four main reasons for documentation are (Emergency Care for Professional Responders)		
○ A. Administrative Financial Quantitative Accreditation		
O B. Legal Ethical Technical Practical		
○ C. Medical Legal Administrative Research		
O 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		
A. You might look foolish if you make a mistake "on air"		
O B. Ineffective communication could result in harm to the patient in your care		
C. The CRTC strictly monitors medical communications for accuracy		
O D. All of the above		
○ D. All of the above		
O D. All of the above 1-20. The Prefix "Hyper" is usually means (Emergency Care for Professional Responders)		
1-20. The Prefix "Hyper" is usually means (Emergency Care for Professional Responders)		

O D. Fast swift rapid accelerated	
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	
1-22. The combining form "Vas/o" usually means (Emergency Care for Professional Responders)	
O B Duth woods woods	
O B. Duct vessel vascular	
O C. Heart cardiac	
O. Blood	
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	
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	
Section 2: Responding to the Call	
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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
O. Ecological information
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
O B. Traffic
C. Sharp pieces of metal or glass
D. Electrical discharge from Hybrid batteries
O. Electrical discharge from Hybrid batteries
Section 3: Infection Prevention and Control
occion of infection and control
3-1. Syphillis, and Gonorrhea are examples of . (Emergency Care for Professional Responders)
O A. Viruses
○ B. Bacteria
○ C. Ricksettia
O D. Parasitic Worms
3-2. Typhus and Rocky Mountain Fever are examples of (Emergency Care for Professional Responders)
○ A. Viruses
O B. Bacteria
○ C. Ricksettia
O D. Parasitic Worms
3-3. What four factors must coincide for an infection to occur? (Emergency Care for Professional Responders)
O A. Direct Contact Indirect Contact Airborne Transmission Vector-Borne Transmission
O B. PPE Personal Hygiene Disinfecting Equipment Occupational Procedures
○ C. Disposable Gloves Gown Mask Protective Eyewear
O. 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
O 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)
O A. Direct Contact Indirect Contact Airborne Transmission Vector-Borne Transmission
O B. PPE Personal Hygiene Disinfecting Equipment Occupational Procedures
○ C. Disposable Gloves Gown Mask Protective Eyewear
O. Pathogen Susceptibility Quantity Entry Site
3-6. BSI is an acronym for (<i>FR Cheat Sheet</i>) O A. Breathe Smell Ingest
B. Body Substance Isolation
C. Back & Spine Immobilization
O

0 = =	
O D. Biological Stimulu	s Imbalance
3-7. Also known as the	e "Inner Perimeter", the is typically where Hazmat decontamination procedures take place. (FR Cheat Sheet)
O A. Hot Zone	
O B. Decon Zone	
○ C. Exposure Zone	
O D. Warm Zone	
	is a diamond shaped sign that identifies dangerous goods on large containers and vehicles. (FR Cheat Sheet)
O A. MSDS	
○ B. Red Flag	
C. Vehicle Placard	
O D. HazMat Plate	
Section 4: Anatom	ny & Physiology
	compared to the Elbow. (Emergency Care for Professional Responders)
O A. Medial	
O B. Proximal	
O C. Lateral	
O D. Distal	
4.2 The Cheet is	compared to the Abdomen. (Emergency Care for Professional Responders)
A. Medial	Compared to the Abdomen. (Emergency Care for Professional Responders)
○ B. Ventral	
○ C. Superior	
D. Proximal	
4-3. The Knee is	compared to the Ankle. (Emergency Care for Professional Responders)
O A. Proximal	
O B. Ventral	
O C. Distal	
O D. Inferior	
4.4. The gallbladder is	s located in the quadrant of the abdomen. (Emergency Care for Professional Responders)
○ A. Upper Left	quadrant of the abdoment. (Emergency care for Floressional Responders)
○ B. Lower Left	
○ C. Lower Right	
D. Upper Right	
	separates the Thoracic cavity and the Abdominal Cavity. (Emergency Care for Professional Responders)
O A. Vena Cava	
B. Abdominal Aortic A	Arch
○ C. Spinal Cord	
O D. Diaphragm	
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	
O D. Abdominal cavity	
	, which in turn make up organs. (Emergency Care for Professional Responders)
○ A. Tissues	
O B. Molecules	
○ C. Body Systems	
O D. Cavities	
4-8. Bronchioles eventually termina O A. Ravioli	ate in millions of tiny air sacs called (Emergency Care for Professional Responders)
O B. Arterioles	
○ C. Alveoli	
O D. Capilleries	
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	,
O B. Involuntary	
○ C. Auto-pneumatic	
O. Despotic	
O 2.2p	
4-10. The is the control co	enter for respiration. (Emergency Care for Professional Responders)
O A. Brain	
○ B. Lung	
○ C. Diaphragm	
O D. Bronchiole	
4-11 can present as Responders)	a snorting, gurgling, moaning or gasping sound, a gaping mouth, or laboured breathing. (Emergency Care for Professional
○ A. COPD	
O B. Bronchitis	
○ C. Agonal Respirations	
D. Respiratory Arrest	
о ,	
4-12. The two upper chambers of th	ne heart are called, and receive blood which is then passed down to the muscular pumping chambers
called (Emergency ○ A. Lymph Nodes Atria	Care for Professional Responders)
○ B. Atria Ventricles	
C. Ventricles Aorta	
O. Ventroles Aorta	
O D. Auta Attia	
4-14. Oxygenated blood enters the	, returning from the lungs through the Pulmonary Vein. (Emergency Care for Professional Responders)
O A. Left Atrium	
○ B. Left Ventricle	
○ C. Right Atrium	
O D. Right Ventricle	
4-13. Blood is pumped from the	and carried to the lungs. (Emergency Care for Professional Responders)
○ A. Left Atrium	
O B. Left Ventricle	

○ C. Right Atrium
○ D. Right Ventricle
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
4-16. The normal conduction of electrical impulses in the heart, without any disturbances is calledrhythm. (Emergency Care for Professional Responders)
○ A. Cardiac
○ B. Atrial
○ C. Sinus
○ D. Fibrillation
4-17. Red blood cells carry away from the cells, so it can be exhaled. (Emergency Care for Professional Responders)
O A. Carbon Monoxide
O 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
O A harming official and transport officials the simulators within the simulators withi
C. Absorption of fatty acids and transport of fat to the circulatory system
O. 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
O 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) O A. Inflammation
B. Infection
C. Integration
O. Ingratiation
U. Ingratiation
4-22. Two specialized forms of White Blood Cell (WBC) called lymphocytes are called cells, and cells. (Emergency Care for Professional Responders)
O A. B T

O B. C A
○ C. T B
O 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
O D. WBCs
4-24. Which of the following is NOT one of the brain's 3 primary function categories? (Emergency Care for Professional Responders)
O A. Sensory Function
O 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)
O A. Urethra
O B. Neuropathy
○ C. Spinal Cord
○ D. Synapse
4-26. Nerves are capable of regenerating themselves when they are damaged. (Emergency Care for Professional Responders) O A. True
O B. False
O b. False
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
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
O D. 400 skeletal
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
O D. Ganglions
4-30. The contraction and relaxation of muscles produces and (Emergency Care for Professional Responders)
O A. Motion Heat
O B. Motion Emotion
○ C. Emotion Heat
O. D. Friction Reflexion

4-31. Involuntary muscle Responders)	es, such as the	and	, are automatically controlled by the brain. (Emergency Care for Professional
○ A. Heart Deltoid			
○ B. Diaphragm Quadr	riceps		
○ C. Heart Diaphragm			
O D. Patella Biceps			
4.00	are fibraria banda that ba		
-32 ○ A. Ligaments	are fibrous bands that no	id bones together at joi	ints. (Emergency Care for Professional Responders)
○ B. Tendons			
○ C. Cartilage			
O D. Platelets			
4-33. Each joint is surro	unded by a capsule that re	eleases	to lubricate the joint. (Emergency Care for Professional Responders)
B. Mucousal Fluid			
C. T-cells			
O D. B-cells			
O D. D-cells			
4-34. The	system consists of th	ne skin, hair, and nails.	(Emergency Care for Professional Responders)
○ A. Cohesive			
O B. Integrated			
○ C. Autonomic			
O D. Integumentary			
4-35. The deeper or the	two skin layers is called th	ıe	(Emergency Care for Professional Responders)
○ A. Epidermis	·		
O B. Dermatitis			
○ C. Subcutaneous			
O D. Dermis			
4-36. The	system is one of the had	ly's two regulatory syst	ems. Together with the nervous system, it coordinates the activities of the othe
	e for Professional Responders)	iy s two regulatory syst	enis. Together with the nervous system, it coordinates the activities of the other
○ A. Endomitrial			
O B. Endocrine			
○ C. Epidermal			
O D. Enzymeal			
4-37. Since most digesti	ve system organs are in th	ne cavity	, they are very vulnerable to injury. (Emergency Care for Professional Responders)
O A. Cranial			
O B. Lumbar			
○ C. Abdominal			
O D. Pelvic			
4-38 The primary organ	s of the Genitourinary Sve	item are the	and (Emergency Care for Professional Responders)
○ A. Bowels Small Inte			- (Emolgoney date for Follossibilial Nesponders)
O B. Kidneys Bladder			
○ C. Large Intestine Ga	allbladder		
O D. Spleen Pancreas			

4-39. Body systems work independently of each other. (Emergency Care for Professional Responders)
○ A. True
○ B. False
4-40. Which list corrrectly 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
O. D. Direct Indirect Twisting Contracting
4-41. The separates the Thoracic and Abdominal cavities. (Emergency Care for Professional Responders)
○ A. Spinal Cord
○ B. Diaphragm
○ C. Aorta
○ D. Coccyx
Section 5: Assessment
5-1. Checking for Hazards and the Environment is part of the Assessment (Emergency Care for Professional Responders)
Assessment Assessment
○ B. Secondary Assessment
○ C. Ongoing Assessment
D. Scene Assessment
5-2. The acronym "MOI" stands for (Emergency Care for Professional Responders)
○ A. Motorized Occupant Incident
○ B. Mechanism of Injury
○ C. Method of Inhalation
O. Modus Operandi Inclusion
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
O 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
O. Cease care and retreat to safety
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
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

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
5-7. Which of the following situations would NOT lead you to suspect spinal injury? (Emergency Care for Professional Responders) O A. Fall from a height greater than 1 meter or 5 stairs
○ B. Gunshot Wound
○ C. The patient's helmet is broken
O. The patient is complaining of shortness of breath related to asthma
5-8. If you suspect a head and/or spinal injury, attempt to open the airway using thetechnique. (Emergency Care for Professional Responders) A. Head-Tilt/Chin Lift
○ B. Head-Tongue-Jaw Lift
C. Head-Lift/Jaw-Tilt
O D. Jaw Thrust
O B. Jaw Tillust
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) O A. 60 seconds
O B. 45 seconds
C. 120 seconds
O D. 10 seconds
O D. 10 seconds
5-10. If an adult or child is responsive, check his or her pulse using the (Emergency Care for Professional Responders)
5-10. If all addit of child is responsive, check his of her pulse using the (Emergency Care for Professional Responders)
A. Carotid Artery
O A. Carotid Artery
○ A. Carotid Artery ○ B. Femoral Artery
 A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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
 A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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
A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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
 A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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
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 ○ A. Carotid Artery ○ B. Femoral Artery ○ C. Brachial Artery ○ D. Radial Artery 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 5-12. The reading from a Pulse Oximeter appears as a percentage of hemoglobin saturated with oxygen. Normal saturation is approximately
A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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 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. Carotid Artery B. Femoral Artery C. Brachial Artery 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 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%
A. Carotid Artery B. Femoral Artery C. Brachial Artery 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 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) B. 85% - 95%
 A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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 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) B. 85% - 95% C. 75% - 100% D. 95% - 100%
 ○ A. Carotid Artery ○ B. Femoral Artery ○ C. Brachial Artery ○ D. Radial Artery 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 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% 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. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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 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% 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
 A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery S-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 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% S-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
 A. Carotid Artery B. Femoral Artery C. Brachial Artery D. Radial Artery 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 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% 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

5-14. Consider discontinuing supplemental oxygen if the patient is not distressed and the saturation level is greater than	(Emergency Care
O A. 98%	
○ B. 75%	
○ C. 85%	
O D. 95%	
5-15. The is a systematic check of the patient's body, starting with the highest priority areas. (Emergency Care for Professional Control of the patient's body)	essional Responders)
O A. GCS	
O B. RBS	
○ C. MOI	
O D. RTC	
5-16. A patient with a life-threatening condition will fall into the category. (Emergency Care for Professional Responders)	
O A. RBS	
○ B. MOI	
O C. RTC	
O D. GCS	
5-17. Which of the following is NOT an example of an immediate transport emergency? (Emergency Care for Professional Responders) O A. Electrocution	
○ B. Decreased level of Responsiveness	
○ C. Unstable Pelvic Injury	
O D. Slight Stomach Nausea	
5-18. When possible, transport any of the patient's medications with the patient. (Emergency Care for Professional Responders) A. True	
O B. False	
O B. Palse	
5-19. Most injured patients will find the most comfortable position for themselves. (Emergency Care for Professional Responders)	
O A. True	
○ B. False	
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)	(33 3
O A. Lateral	
O B. Fowler	
C. Semi-Fowler	
O. Trendelenburg	
5-21. Reassessing a patient's should occur frequently throughout assessment and care process. (Emergency Care for Pro	fessional Responders)
O A. ABCs	
○ B. MOI	
○ C. T-Cells	
O D. B-Cells	
5-22. Which of the following accurately lists the 3 steps involved with a Secondary Assessment? (Emergency Care for Professional Respon	ders)
A. RBS MOI GCS	
○ B. Interview Vital Signs Head-to-Toe Examination	
C. LOR Respirations ABCs	

O. D. Hazards & Environment SpO2 Transport Decision
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
O D. STAPLES SAMPLE
5-24. Which of the following is NOT one of the Vital Signs? (Emergency Care for Professional Responders)
O A. SpO2
O B. Blood Pressure
O. T-cell count
O. Pupils
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
O D. Baseline
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
O D. Emotional Rational Logical
5-27. If a patient's eyes open to painful stimulus, their GCS Eye Opening score is (Emergency Care for Professional Responders) O A. 1
○ B. 2
O C. 3
O D. 4
5-28. If a patient does reply verbally at all, they are given a GCS Verbal Response score of (Emergency Care for Professional Responders) O A. 0
○ B. 1
O C. 2
○ D. 3
5-29. A patient who withdraws from painful stimulus has a GCS Motor Response score of (Emergency Care for Professional Responders) O A. 2
O B. 3
O C. 4
O D. 5
5-30. Any patient with a GCS score of or lower requires rapid transport. (Emergency Care for Professional Responders) O A. 11
○ B. 12
O C. 13
O D. 14

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
O D. 6 30
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
5-33. A normal pulse for an adult is between and beats per minute. (Emergency Care for Professional Responders) O A. 80 120 O B. 50 60
○ C. 60 100
O D. 20 80
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
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) Output Output D. Tuberculosis
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) Output Output Output D. 45 seconds
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
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) 5-39 The pressure in the arteries when the heart is contracting is called . (Emergency Care for Professional Responders)
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
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) O A. Systolic Blood Pressure
○ B. Hyperbaric Blood Pressure
○ C. Parabolic Blood Pressure
O D. Diastolic Blood Pressure
5-41. The two methods used to assess a patient's Blood Pressure are and (Emergency Care for Professional Responders)
○ A. Evaluation Estimation
O B. Palpation Auscultation
○ C. Diastolic Systolic
O. Perpetration Ideation
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
5-43. Blood Glucose is measured in (Emergency Care for Professional Responders)
○ A. Millimeters of Mercury (mmHg)
○ B. Millileters (ml)
○ C. Microliters (mcl)
O D. Millimoles per liter (mmol/L)
5-44. The physical exam process involves,, and (Emergency Care for Professional Responders)
O A. Inspection Detection Correction
O B. Looking Listening Feeling
○ C. Scene Assessment Primary Assessment Ongoing Assessment
O. D. Inspection Auscultation Palpation
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)
O A. Distal Circulation
O B. Level of Responsiveness
○ C. Motor-Sensory
O D. Range of Motion
5-46. When you complete the head-to-toe physical examination, reassess the patient's (Emergency Care for Professional Responders) O A. ROM
○ B. ABCs
○ C. GCS
○ D. SAMPLE
5-47. Patient Care should be delayed to fill out paperwork. (Emergency Care for Professional Responders)

O A. True
○ B. False
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
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
6-2. An insufficient amount of oxygen being delivered to the cells is referred to as (Emergency Care for Professional Responders)
○ A. Ataxia
○ В. Hypoxia
○ C. Hyperoxemia
○ D. Cyanosis
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
O B. Tracheal Shift
○ C. Prone
O D. Pole
6-4. A patient experiencing restlessness or anxiety related to a respiratory emergency is an example of (Emergency Care for Professional Responders) O A. Abnormal respiratory rate
○ B. Emotional effects
○ C. Neurological effects
O D. Abnormal skin characteristics
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
O. Foreign Body Airway Obstruction
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
6-7. There are interventions available for anatomical airway obstructions. (Emergency Care for Professional Responders)
O A. More
O B Better

○ C. Fewer
○ D. Simpler
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
O D. Back Blows Aortic Thrusts Chest Thrusts
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
6-10. If the patient is in a wheelchair, lock the wheels before providing care. (Emergency Care for Professional Responders)
○ A. True
O B. False
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
O D. Not
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
O D. Chest Auscultation
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)
O A. Scream Cry
O B. Jump Crawl
○ C. Sing Coo
O D. Sit Kneel
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
O D. Lower than
6-15. Do not use a finger sweep to remove an object from an infant's mouth. (Emergency Care for Professional Responders)
○ A. True
O B. False

6-16	is a life-threatening allergic reaction that causes the air passages to constrict. (Emergency Care for Professional Responders)
○ A. Asthma	
O B. Anaphylaxis	
○ C. Anaphylactic Shock	
○ D. Both B and C	
6-17. The respiratory issu <i>Professional Responders</i>)	ies caused by anaphylaxis can progress to an obstructed airway as the and swell. (Emergency Care for
○ A. Brain Heart	
O B. Bronchioles Alveoli	
○ C. Lungs Diaphragm	
O D. Tongue Throat	
6-18. Epinephrine correct	s the underlying condition of anaphylaxis. (Emergency Care for Professional Responders)
○ A. True	
○ B. False	
6-19. Before assisting a p <i>Responders</i>)	patient with their Epi-Pen or oral antihistamines, you must check the of medication. (Emergency Care for Professional
○ A. 7 Musts	
O B. 8 Dont's	
○ C. 5 Confirmations	
O D. 6 Rights	
	nditions encompass Chronic Obstructive Pulmonary Disease (COPD)? (Emergency Care for Professional Responders)
○ A. Asthma Anapyhlax	
	ic Bronchitis Bronchospasm
○ C. Emphysema Pneu	nonia Anaphylaxis
O D. Asthma Pneumonia	a Anaphylaxis
6-21 Patients with COPD	may eventually develop a drive to breathe. (Emergency Care for Professional Responders)
○ A. Hypercarbic	and a station (Emergency earlies in the control of
○ B. Hypotensive	
○ C. Cyanotic	
O D. Hypoxic	
© 2,pese	
6-22. High flow oxygen sl	nould not be administered to a patient with COPD, who is acutely short of breath. (Emergency Care for Professional Responders)
○ A. True	
○ B. False	
6-23. Which of the following Responders)	ing is NOT considered a typical sign or symptom of Acute Respiratory Distress Syndrome (ARDS)? (Emergency Care for Professional
○ A. Hives and itchiness	
○ B. Rapid Breathing (Tack	nypnea)
○ C. Cyanosis	
O D. Pulmonary Edema	
6-24. During an asthma a <i>Professional Responders</i>)	ttack, the air passages become constricted or narrowed by a spasm of the muscles lining the (Emergency Care for
○ A. Bronchi	
○ В. Соссух	
○ C. Alveoli	

○ D. Diaphragm
6-25. A characteristic sign of Asthma is wheezing during (Emergency Care for Professional Responders) O A. Inhalation
○ B. Sleep
○ C. Exertion
O. 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 R. Material Dags Inhales
○ B. Metered-Dose Inhaler ○ C. Epi-Pen
○ D. Sphagmomanometer
O D. Spriagrifornationietei
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
O. 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
O D. Anaphylaxis
6-29 is the most common cause of Pulmonary Edema. (Emergency Care for Professional Responders) A. Stroke
O A. Stroke
O B. Congostive Heart Failure
O B. Congestive Heart Failure O C Asthma
O C. Asthma
O C. Asthma
C. Asthma D. Crohn's Disease
 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)
 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
 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. 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
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
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)
C. Asthma D. Crohn's Disease 6-30. The best position for a patient with Pulmonary Edema will generally be
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. Asthma D. Crohn's Disease 6-30. The best position for a patient with Pulmonary Edema will generally be
C. Asthma D. Crohn's Disease 6-30. The best position for a patient with Pulmonary Edema will generally be
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
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. Hypotension B. Hypotension
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

assisted ventilation. (Emergency Care for Professional Responders)
○ A. 12 60
○ B. 5 10
○ C. 10 30
○ D. 30 15
6-34. The patient's chest should rise with each ventilation. (Emergency Care for Professional Responders)
O A. True
O B. False
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
O C. 8 7
○ D. 5-6 3-5
6-36. Air in the stomach is called, which can cause a patient to vomit. (Emergency Care for Professional Responders) O A. Hypervolemia
B. Gastric Distension
C. Jugular Vein Distension
O. Abdominal Thrust
O. Abdonimai filiust
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)
O A. True
○ B. False
6-38. Dentures help with assisted ventilations by supporting the patient's mouth and cheeks. (Emergency Care for Professional Responders)
O A. True
○ B. False
6-39. Which of the following is NOT considered a criteria for an effective resuscitation mask? (Emergency Care for Professional Responders)
○ A. Transparent
O B. One-Way Valve
○ C. Rigid
O. Biofilter
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)
o-41. Attriough a single responder may be able to use a bowle electively, 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)
O 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
O 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%
O 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
O D. 3 28
O. 3 20
6-46. Unless the manufacturer's specifications dictate otherwise, Oxygen cylinders should be hydrostatically tested everyyears. (Emergency Care for Professional Responders)
○ A. 2
○ B. 10
○ C. 5
O D. 15
6-47. A Nasal Canula is normally used at an oxygen flow rate of to to LPM. (Emergency Care for Professional Responders)
O A.14
O B. 5 15
O C. 2 8
O D. 10 12
6-48. A Resuscitation Mask is normally used at an oxygen flow rate of to LPM. (Emergency Care for Professional Responders)
O A. 1 4
○ B. 10 15
O C. 6 10
O 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)
O A.14
O B. 10 15
○ C. 6 10
O D. 8 12
6-50. A Bag-Valve-Mask is typically used at an oxygen flow rate ofLPM, and delivers an oxygen concentration ofLemma (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) O A. True
○ B. False
6-52. A properly sized Oropharyngeal Airway (OPA) should extend from the to the (Emergency Care for Professional Responders) Output Output Description: Outpu
○ 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)
O A. Adult
O B. Child
○ C. Infant
O 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)
O A. Jaw Thrust Head-Tilt / Chin-Lift
○ B. Tongue-Jaw Lift Finger Sweep
○ C. Crossed-Finger Tongue-Jaw Lift
O D. Prone Roll Manual Suction
6-55. A properly sized Nasopharyngeal Airway (NPA) should extend from the to the (Emergency Care for Professional Responders) O 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
O B. False
6-57. Suctioning devices are most effective when removing (Emergency Care for Professional Responders) O A. Blood Clots
○ B. Large pieces of food
○ C. Fluids
○ D. All of the above
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
O B. Jaw Nose
O C. Earlobe Tip of Nose
O. D. Earlobe Corner of Mouth
C D. Edilodo II. Collidi di Modeli
6-59. If a patient has a tracheostomy or stoma, suction through the patient's hole. (Emergency Care for Professional Responders) O A. True
O B. False

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
O B. Yell loudly so the patient can hear you over their breathing
○ C. Calm the patient to slow his or her breathing
O D. Have the patient rest in a comfortable position.
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
O B. 15
○ C. 2
O D. 30
6-62. Anaphylaxis is generally accompanied by a drop of in systolic blood pressure. (EMR Cheat Sheet) O A. 50%
○ B. 15%
O C. 100%
O 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) O A. CVA
○ B. CHF
○ C. CVD
○ D. CHD
7-2occurs when arteries become hardened, narrowed, and less elastic. (Emergency Care for Professional Responders) O A. Deep Vein Thrombosis
○ B. COPD
○ C. Atherosclerosis
○ D. Emphysema
7-3 occurs when the oxygen demands of the heart exceed the available supply of oxygen rich blood. (Emergency Care for Professional Responders)
O A. Angina Pectoris
○ B. Angina
○ C. Atherosclerosis
O D. Both A and B
7-4. Stable Angina usually lasts (Emergency Care for Professional Responders)
O A. More than 10 minutes
O B. Less than 10 minutes
O. C. More than 5 hours
O D. More than 24 hours
7-5. Unstable Angina is similar to Myocardial Infarction (MI), except that the effects are usually (Emergency Care for Professional Responders)
○ A. More severe

C. Beneficial D. Recommended 7-15 is a vasodilator medication often prescribed for angina. (Emergency Care for Professional Responders) A. Nitrous Oxide
7-15 is a vasodilator medication often prescribed for angina. (Emergency Care for Professional Responders) ○ A. Nitrous Oxide
○ A. Nitrous Oxide
○ A. Nitrous Oxide
○ B. Nitrogen Dioxide
○ C. Nitroglycerin
○ D. Nitrogen Oxide
7-16. Nitroglycerin blood pressure. (Emergency Care for Professional Responders)
○ A. Reduces
○ B. Improves
○ C. Increases
○ D. Raises
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
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)
O A. Right Left
O B. Left Left
○ C. Right Right
O. Left Right
7-19. Which of the following is NOT a typical sign or symptom of Left-Sided heart failure? (Emergency Care for Professional Responders) O A. Coughing up foamy sputum (sometimes blood tinged)
○ B. Cyanosis
○ C. Decreased Heart Rate
O D. History of shortness of breath when lying down, which gets better when standing
7-20. Right-sided heart failure usually occurs due to (Emergency Care for Professional Responders) O A. Hypertension
○ B. Hypotension
○ C. Left-sided heart failure
O D. Ventricular Fibrillation
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
O D. Shortness of breath
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	
7-23. A person who goes into cardiac arrest will not have a, and w Professional Responders)	ill soon cease (if it has not already). (Emergency Care for
○ A. GCS Speech	
○ B. Pulse Respiration	
○ C. Hypoxic drive JVD	
○ D. PHN Incontinence	
	ency Care for Professional Responders)
A. Atherosclerosis	
O B. CVD	
C. Respiratory Arrest	
O D. CHF	
7-25. Ensure you assess the patient's respiration thoroughly, and confirm whether api infants). (Emergency Care for Professional Responders)	ulse is present (or the pulse in the case of
○ A. Carotid Brachial	
○ B. Femoral Temporal	
○ C. Radial Popliteal	
○ D. Carotid Radial	
7-26. An extreme arrhythmia in which the heart is quivering (rather than truly contracting) is refer	ed to as (Emergency Care for Professional Responders)
○ A. Attenuation	
○ B. Fibrillation	
○ C. Automation	
O D. Exhumation	
The Military of the fall and a side of the three country and the shade have the standard of the same o	
7-27. Which of the following identifies the two most commonly shockable heart rhythms? (Emerger A. Ventricular Fibrillation Ventricular Tachycardia	icy Care for Professional Responders)
B. Asystole Pulseless Electrical Activity	
○ C. Sinus Rhythm Tachycardiac Fibrillation	
D. Sinus Electrical Activity Automated Tachycardia	
2. Sinde Electrical Network Naterinated Technocinal	
7-28. Cardiopulmonary Resuscitation (CPR) consists of cycles, which are sets of	and given in a set ratio. (Emergency Care for
○ A. Shocks Compressions	
○ B. Compressions Vital Signs	
○ C. Compressions Ventilations	
○ D. Ventilations Shocks	
7-29. Once started, CPR should only be interrupted to perform critical interventions (such as clear the patient's condition (such as). (Emergency Care for Professional Responders)	ing the airway) or when there are obvious changes in
○ A. Cyanosis	
○ B. Return of Spontaneous Circulation	
○ C. Faint Gurgling	
○ D. Muscle spasm during AED shock	
7-30. During CPR performance, Compressions should be given at a rate of approximately	per minute. (Emergency Care for Professional Responders)
○ A. 100 - 120	
O B. 50 - 80	

○ C. 120 - 150	
○ D. 15 - 30	
7.04 The persenters of total CDB time in which the national is receiving compressions is referred to as	6
7-31. The percentage of total CPR time in which the patient is receiving compressions is referred to as (Emergency Cat Professional Responders)	re tor
○ A. Defibrillation	
○ B. Fibrillation	
○ C. Compression Action	
O. D. Compression Fraction	
7-32. To perform CPR compressions on an adult or child, place the heel of one hand over the patient's, then place your othe top and grip the lower hand with your fingers. (Emergency Care for Professional Responders)	r hand on
O A. Lower Sternum	
O B. Center of the chest	
○ C. Either A or B	
O. Diaghragm	
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	
7-34. Correct body position makes CPR effective and also responder fatigue. (Emergency Care for Professional Responder.) Output Description:	·s)
○ B. More Eliminates	
○ C. More Decreases	
O D. Less Eliminates	
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	
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	
O D. 4 inches	
7-37. When performing CPR compressions on a child, infant, or neonate, compress to a depth of at least of the anteropo diameter of the chest. (Emergency Care for Professional Responders)	sterior
○ A. One-Third	
○ B. Two-Thirds	
○ C. Three-Quarters	
O D. One-Fifth	
7-38. When two or more responders are performing CPR, they should switch roles every minutes to avoid fatigue and maintain a hig compressions. (Emergency Care for Professional Responders)	Jh quality of
O A. 2	

O B. 5
○ C. 10
O D. 15
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
O D. 30:2
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
O C. 15:2
O D. 10:1
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
O D. 30:2
7-42. Dynamic CPR is performed while a patient is (Emergency Care for Professional Responders) O A. Unresponsive
○ B. In Cardiac Arrest
○ C. Being Moved
O. Being Assessed
7-43. As soon as you determine that the patient is in Cardiac Arrest, deploy the defibrillator. (Emergency Care for Professional Responders)
O A. True
O B. False
7-44. Defibrillation is not indicated for (Emergency Care for Professional Responders)
○ A. Infants
○ B. Neonates
○ C. Adults
O D. Children
7-45. Compressions should be continued while the AED charges. (Emergency Care for Professional Responders)
O A. True
O B. False
7-46. It is crucial that no one touch the patient while the AED shock is administered. (Emergency Care for Professional Responders)
○ A. True
O 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

O 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
O D. Right Hip
7-49. It is safe to use a defibrillator normally on a pregnant woman. (Emergency Care for Professional Responders)
O A. True
○ B. False
7-50. A defibrillator pad can be placed directly on top of a transdermal patch. (Emergency Care for Professional Responders) O A. True
○ B. False
O B. Taise
7-51. AED pads should be placed at least from any Pacemakers, Internal Defibrillators, or metal jewelry. (Emergency Care for Professional Responders)
O A. 1 inch
O B. 2.5 cm
O. C. Either A or B
O 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) O A. True
O B. False
O B. I alse
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
O D. 1 year Puberty
7-54. Defibrillator pads should be removed upon Return of Spontaneous Circulation (ROSC). (Emergency Care for Professional Responders)
O A. True
O 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
O D. CVD
7-56. A(n) is similar to a stroke in it's signs and symptoms, but usually resolves quickly without permanent tissue damage. (Emergency Care for Professional Responders)
O A. MCI
○ B. CVA
○ C. TIA
O D. CHF

	are for Professional Responders)
O A. Mini-stroke	
O B. Warning Stroke	
O C. Thrombotic Stroke	
O. Both A and B	
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	
O D. Transient and Embolic	
7-59. What are the two type of hemorrhage that commonly cause Strokes? (Emergency Care for Profession A. Intracerebral and Subarachnoid	nal Responders)
○ B. Intercerebral and Superarachnoid	
○ C. Thrombotic and Embolic	
O. Arachnoid and Subcerebral	
7-60. Which of the following is NOT considered a common sign or symptom of a CVA? (Emergency Ca A. Chest Pain	re for Professional Responders)
○ B. Sudden weakness and/or numbness of the face, arm or leg on one side of the body	
○ C. Ringing in the ears	
O. Pupils of unequal size	
7-61. Patients experiencing a suspected CVA are in the Rapid Transport Category. (A. Always	Emergency Care for Professional Responders)
O B. Sometimes	
○ C. Never	
O. Usually	
7-62. What are the two scales commonly used to assess a patient who has a suspected CVA? (Eme A. FAST and CPSS	rgency Care for Professional Responders)
○ B. STROKE and GCS	
○ C. FAST and SLOW	
O. 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. Adagusta graphity of blood graphsting in the body.	
B. Adequate quantity of blood circulating in the body C. Blood weekle blood special blood flow by dileting and constricting.	
C. Blood vessels able to control blood flow by dilating and constricting	
O. SpO2 above 98%	
8-2 refers to a series of responses that results in a combination of signs and symptoms creablood flow to the vital organs and prevent them from shutting down. (Emergency Care for Professional R. O. A. Hypovolemia	
© B. Shock	
C. Infarction	

○ D. Stroke	
8-3. The type of shock caused by the heart not functioning properly is referred to as sho A. Hypovolemic	ck. (Emergency Care for Professional Responders)
○ B. Septic	
○ C. Cardiogenic	
O D. Distributive	
8-4. The type of shock caused by the quantity of blood circulating in the body being to low is referred to Professional Responders)	asshock. (Emergency Care for
○ A. Cardiogenic	
○ B. Hypovolemic	
○ C. Septic	
O D. Obstructive	
8-5. The type of shock caused by the blood vessels being unable to constrict properly is referred to as _ Professional Responders)	shock. (Emergency Care for
○ A. Distributive	
○ B. Hypovolemic	
○ C. Relative Hypovolemic	
O D. Both A and C	
8-6. Pulmonary Embolism and Tension Pneumothorax are examples of potential causes of	shock. (Emergency Care for Professional Responders)
○ A. Obstructive	
O B. Hypovolemic	
O C. Neurogenic	
O D. Distributive	
8-7. Hemorrhagic Shock is an example of true hypovolemic Shock. (Emergency Care for Professional Responder	
○ A. True	-,
○ B. False	
8-8. Neurogenic Shock is an example of true hypovolemic Shock. (Emergency Care for Professional Responders)	
○ A. True	
○ B. False	
8-9. Psychogenic Shock is an example of true hypovolemic Shock. (Emergency Care for Professional Responder	
A. True	s)
○ B. False	
O B. Tuise	
8-10. Septic Shock is an example of true hypovolemic Shock. (Emergency Care for Professional Responders)	
O A. True	
○ B. False	
8-11. Anaphylactic Shock is an example of true hypovolemic Shock. (Emergency Care for Professional Responde	ers)
O A. True	
O B. False	
8-12. Which of the following is NOT one of the three stages of shock? (Emergency Care for Professional Respon	ders)
A. Reversible	•
○ B. Compensated	
○ C. Decompensated	

O D. Irreversible
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
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
O D. They will not be able to taste what they eat
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
O D. Circle of Life
8-16. Because is the underlying condition caused by shock, high-flow supplemental oxygen is indicated. (Emergency Care for Professional
Responders) A. Hypoxia
○ В. Нурегохеmіа
○ C. Hypertension
○ D. COPD
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
O D. Granulation
9-2. When cleaning the area around a wound, always wipe the wound. (Emergency Care for Professional Responders)
○ A. On the surface of
O B. Into the center of
○ C. In concentric circles around
○ D. Away from
9-3. Which of the following is NOT considered a typical sign or symptom of systemic infection? (Emergency Care for Professional Responders) O A. General Malaise
○ B. Cyanosis
○ C. Red streaks moving away from the wound and toward the heart
○ D. Nausea
9-4. Tetanus is sometimes referred to as (Emergency Care for Professional Responders)

○ B. Rabies
○ C. Bird Flu
○ D. Scabies
9-5. Gangrene is highly infectious. (Emergency Care for Professional Responders)
○ A. True
○ B. False
9-6. A is a piece of material (usually cloth or elastic) used to hold a in place. (Emergency Care for Professional Responders) O A. Dressing Bandage
O B. Tourniquet Amputation
○ C. Bandage Dressing
O. Spider Strap Spineboard
9-7. Air and water tight dressings are referred to as (Emergency Care for Professional Responders)
A. Occlusive
○ B. Non-Occlusive
○ C. Obtrusive
O. Obstructive
D. Obstituctive
9-8. Which of the following does NOT likely require sutures or stitches? (Emergency Care for Professional Responders) O 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
9-9. A is used to treat a hemorrhage when all other interventions are impossible or have been ineffective. (Emergency Care for
Professional Responders) O A. Lancet
○ B. Tourniquet
○ C. Bandage
O. D. Dressing
O. Diessing
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
O D. 2 feet
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
9-12. Applying a dressing and bandage to an external bleed is an example of (Emergency Care for Professional Responders)
O A. Direct Pressure
O B. Indirect Pressure
○ C. Pressure Point

9-13. If blood soaks through the initial bandage and dressing placed over a wound, your next step should be (Emergence for Professional Responders)	cy Care
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	
O D. Direct the patient to rub the affected area	
9-14. A nosebleed is also referred to as (Emergency Care for Professional Responders)	
A. Peristalsis	
○ B. Ataxia	
○ C. Hypoxia	
○ D. Epistaxis	
9-15. A nosebleed should be considered potentially life-threatening if the patient's history includes or (Emergency Care for Professional	
Responders)	
O A. Hypotension Diabetes	
○ B. Hyperglycemia Glaucoma	
○ C. Hyperventilation Epistaxis	
O. Hypertension Blood Thinning Medication	
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	
O B. Rapid, weak pulse	
C. Excessive ThirstD. Cool, moist, pale or bluish skin	
D. Cool, Holst, pale of bluish skill	
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 <i>l</i>
O A. True	
○ B. False	
9-18. Which of the following is often required to control internal bleeding? (Emergency Care for Professional Responders) O A. Tourniquet	
O B. Direct Pressure	
○ C. Surgery	
○ D. ASA	
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	
O D. Abrasions Lacerations Avulsions Punctures	
9-20. The location of the entry an exit wounds of a gunshot injury can give you an indication of (Emergency Care for Professional Responde O A. The caliber of the bullet fired	ers)
O B. Internal injuries that may have occurred	
○ C. The location of the assailant	
○ D. The location of the weapon used	
9-21. Larger impaled objects should be unless they interfere with the patient's airway or respiration. (Emergency Care for Professional Responde	are\
9-21. Larger impaled objects should be unless they interiere with the patient's airway or respiration. (Emergency Care for Professional Responde O A. Sterilized	113)

○ B. Removed
○ C. Pushed through the exit wound
○ D. Left in place
9-22. A is a collection of blood between the nail bed and the fingernail. (Emergency Care for Professional Responders)
O A. Subarachnoid Hemorrhage
O B. Subungual Hematoma
○ C. Deep Vein Thrombosis
O D. Pulmonary Embolism
9-23. Myocardial Contusion is also referred to as (Emergency Care for Professional Responders)
9-23. Myocardial Contusion is also referred to as (Emergency Care for Professional Responders) O A. Pericardial Contusion
○ B. Cardiac Contusion
○ C. Subarachnoid Contusion
O. D. Aortic Aneurysm
O B. Morald Micaryolii
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) O A. Thermal
O B. Chemical
O C. Electrical
O D. Friction
○ E. Radiation
9-27. A superficial burn is sometimes referred to as aburn. (Emergency Care for Professional Responders)
O A. First Degree
○ B. Second Degree
○ C. Third Degree
O D. Fourth Degree
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)
O B. Superficial
O C. Partial Thickness
O D. Full Thickness
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
O. 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
O B. Partial-Thickness burns that cover more than 10% of the body
○ C. Partial or full-thickness burns on a child or older adult

O 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
O C. 4.5
O D. 36
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)
O A. 0.5
○ B. 1
○ C. 5
O D. 9
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
O B. Prevent additional damage to tissue
○ C. Cover the burned area with dry dressings
○ D. Take steps to manage shock
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
O D. Airway
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)
O A. 5
O B. 10
O C. 15
O D. 20
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) O A. Tissue Damage
○ B. Infection
○ C. Blisters
○ D. Redness
9-36. Care should be taken to monitor for when cooling large burns. (Emergency Care for Professional Responders) O A. Infection
○ B. Tissue Damage
○ C. Blisters
○ D. Hypothermia
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
O D. Ears Fingers
9-38. When dealing with chemical burns, flush the affected area for at least minutes. (Emergency Care for Professional Responders)
O A. 2
O B. 10
O C. 20
O D. 60
9-39. Although electrical burns may look, the underlying tissues may be damaged. (Emergency Care for Professional Responders) O A. Severe Superficially
○ B. Superficial Severely
○ C. Reddened Barely
○ D. Blackened Superficially
9-40. Burns from the sun are an example of burns. (Emergency Care for Professional Responders)
O A. Thermal
O B. Electrical
O C. Partial Thickness
O D. Radiation
9-41. When an amputation occurs, blood vessels usually and from the site of the amputation. (Emergency Care for Professional Responders) O A. Dilate Bleed
○ B. Expand Extrude
○ C. Contract Dilate
O D. Constrict Retract
9-42. Which of the following accurately lists the steps to preserve an amputated body part? (Emergency Care for Professional Responders) O A. Wrap in sterile gauze Immerse in sterile saline Keep warm
O 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
O D. Rinse with ice Wrap in plastic Immerse in frozen saline
9-43. Internal hemorrhage and are likely when dealing with Crush Injuries. (Emergency Care for Professional Responders) O A. Amputation
O B. Build up of toxins
○ C. Nerve inflammation
O D. Partial Thickness burns
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
O D. Aortic Acid Cushing's Triad
9-45occurs 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
O B. Apartment Syndrome

○ C. Circulatory Syndrome
○ D. Compartment Syndrome
0.46 Which of the following is NOT generally considered a notantial Plant Injury? (Frances of Sectional Researches)
9-46. Which of the following is NOT generally considered a potential Blast Injury? (Emergency Care for Professional Responders) O A. Inhalation Burns
O 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)
O A. Radiation
O B. Crush
○ C. Blast
O D. Internal
Section 10: Musculoskeletal Injuries
10-1. A is a partial or complete break in bone tissue. (Emergency Care for Professional Responders)
O A. Sprain
O B. Strain
○ C. Dislocation
○ D. Fracture
10-2. Open fractures leave the skin unbroken. (Emergency Care for Professional Responders)
O A. True
O 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
O B. Strain
O. Dislocation
O D. Fracture
10-4. Do not attempt to reinsert a dislocated joint, as this can cause additional damage. (Emergency Care for Professional Responders)
O 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)
O A. Sprain
○ B. Strain
○ C. Dislocation
○ D. Fracture
10-6. Often, a sprain is more disabling than a fracture. (Emergency Care for Professional Responders)
O A. True
O B. False
10-7. A is the stretching and tearing of muscle or tendon fibres. (Emergency Care for Professional Responders)
A. Sprain

O B. Strain
○ C. Dislocation
O D. Fracture
10-8. What are the four general types of splint? (Emergency Care for Professional Responders)
O R. O G. British Theories In In Theories In In Theories In
O B. Soft Rigid Theoretical Traction
C. Soft Rigid Anatomical Traction
O. Soft Frigid Anatomical Traction
10-9. An injury in the middle-third of a bone is also referred to as a injury. (Emergency Care for Professional Responders)
O A. Joint
○ B. Mid-Shaft
○ C. Open fracture
O. Soft Tissue
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
O. Immobilize the joints above and below the injury site in the splint
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
O B.1 alse
10-12. Which of the following is NOT something you should do after an injury has been immobilized? (Emergency Care for Professional Responders)
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O D. Dilated Pupils
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)
O A. Sprains
○ B. Strains
○ C. Fractures
O D. Dislocations
10-17. A grating, popping or crackling sound or sensation beneath the skin is referred to as (Emergency Care for Professional Responders) O A. Tinitus
○ B. Crepitus
O C. Alveolus
O. Crunchiness
D. Ordinomiess
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)
O A. True
○ B. False
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
10-20. Which of the following is NOT commonly damaged with upper extremity injuries? (Emergency Care for Professional Responders)
O A. Tibia
O 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)
O A. Ventricle
O 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)
O A. Femur
O B. Patella
O C. Tarsals
O D. Metacarpals
40.04. The same the largest house in the hadry 45.
10-24. The are the largest bones in the body. (Emergency Care for Professional Responders) O A. Tarsals
O B. Fibula
<u> </u>

○ C. Tibia
O D. Femurs
S E. I Gillalo
10-25 muscles are so strong that they can pull broken bone ends together, causing them to overlap. (Emergency Care for Professional Responders)
O A. Thigh
O B. Biceps
○ C. Latissimus Dorsi
O. Pectoralis Major
10-26. The artery is a major supplier of blood to the legs and feet. (Emergency Care for Professional Responders)
O A. Femoral
O B. Radial
○ C. Carotid
O D. Brachial
10-27. A patient with a fractured femur should always be placed in the Rapid Transport Category. (Emergency Care for Professional Responders)
O A. True
O B. False
10-28. The Fibula and Tibia are often fractured simultaneously. (Emergency Care for Professional Responders) O A. True
O B. False
10-29. The knee joins the two bones of the body. (Emergency Care for Professional Responders)
O A. Shortest
○ B. Thickest
○ C. Longest
O. Weakest
10-30. A splint is generally effective for most foot injuries. (Emergency Care for Professional Responders)
○ A. Sponge
O B. Traction
○ C. Pillow
O D. Rotational
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
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)
O A. True
○ B. False
Circular the free trungs and has a man life throughout the free trungs have a sure of the free trungs and the free trungs and the free trungs are the first trungs and the free trungs are the first trungs and the first trungs are the first trungs and the first trungs are the first t
11-3. Simple rib fractures can become life-threatening if the fractured bone causes damage to (Emergency Care for Professional Responders) O A. Organs or major blood vessels

○ B. Intercostal muscles
○ C. The sternal notch
○ D. The clavicle
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
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
O D. Meningitis
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)
O A. 6 inches
O B. 0.5 inches
○ C. 4 inches
O D. 2 inches
11-7. Hemothorax is bleeding into the around the lungs. (Emergency Care for Professional Responders) Output Output A. Aortic Arch Output B. Diaphragm Output C. Pleural Space
 D. Intercostal Muscles 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
O B. Open pneumothorax
O C. Flail Chest
O. Pneumonia
11-9 is a condition caused by air entering the pleural space around the lung. (Emergency Care for Professional Responders) O A. Pneumothorax
O B. Hemothorax
○ C. Hyperthorax
○ D. Hypothorax
11-10. Pneumothorax that occurs without any associated trauma is referred to as (Emergency Care for Professional Responders) O A. Spontaneous Pneumothorax B. Spontaneous Hemothorax
○ C. Tension Pneumothorax
O D. Tension Hemothorax
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) O A. Spontaneous Pneumothorax

○ B. Spontaneous Hemothorax
○ C. Tension Pneumothorax
O D. Tension Hemothorax
11-12. Which of the following is NOT considered a common sign or symptom of Tension Pneumothorax? (Emergency Care for Professional Responders)
○ A. Hypotension
O B. Trachial Deviation
○ C. Hypertension
O D. Jugular Vein Distension
11-13 is a rare condition that occurs when air becomes trapped in tissues beneath the skin. (Emergency Care for Professional Responders) O A. Jugular Vein Distension
O B. Tension Pneumothorax
○ C. Subcutaneous Emphysema
O. 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
O 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) O A. Sucking Chest Wound
B. Jugular Vein Distension
C. Paradoxical Movement
O 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
O 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) O A. Pleural Space
○ B. A cage of bone
C. Vital Organs
O D. Skin
11-19. The liver is located in the quadrant of the abdomen. (Emergency Care for Professional Responders)
○ A. Upper Left
O 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)
O A. Upper Left
O B. Upper Right
○ C. Lower Left
O. 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
O. Infection
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
O B. Red, dry skin
○ C. Signs and symptoms of shock
O D. Thirst
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
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
11-25. Protruding organs should be immediately forced back into place. (Emergency Care for Professional Responders) O A. True O B. False
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
O D. SOVER Man Bullinote Blind lightly with dapp This with comme
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) O A. Subcutaneous Emphysema
B. Abdominal Aortic Aneurysm
C. Transient Ischemic Attack
O. Cerebrovascular Accident
11-28. Which of the following is NOT considered a common sign or symptom of AAA? (Emergency Care for Professional Responders) O A. Pulsating mass in the abdomen

O B. Diminished or absent femoral or pedal pulses
○ C. Left-sided numbness
O D. Back pain
11-29. Which 3 innominate bones are part of the pelvis? (Emergency Care for Professional Responders)
O B. W. A. Lischium
O B. Illium Ischium Pubis
O. C. Tarsals Carpals Fibula
O. Clavicle Scapula Humerus
11-30. Fractured bones in the pelvis can cause severe (Emergency Care for Professional Responders)
○ A. Internal Hemorrhage
O B. Tension Pneumothorax
○ C. Subcutaneous Emphysema
O D. COPD
11-31. Pain, pelvic instability and are key indicators of a pelvic fracture. (Emergency Care for Professional Responders)
O A. Dizziness
○ B. Emphysema
○ C. Constricted pupils
O D. Crepitus
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
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
O B. Maintains circumferential immobilization and stability
○ C. Increases the volume within the pelvic cavity
O. Allows easy access to the abdomen, femoral vessels and perineum
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
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
40.0 Which of the following is NOT considered a machanism of injury likely to saves head and/or animal injury 2.75
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
- /1 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

12-3. An injury to the head is often a superficial injury such as a cut to the (Emergency Care for Professional Responders) A. Brain Trauma	
O B. Pneumothorax	
C. Amputation	
D. Abdominal Aortic Aneurysm	
D. Abdollillal Actic Alleurysiii	
12-4. An injury to the head is sometimes referred to as a (Emergency Care for Professional Responders)	, and a head injury is sometimes referred to as a
O A. Concussion Contusion	
O B. Contusion Concussion	
○ C. Confusion Correction	
O D. Compaction Correlation	
12-5. Which of the following is NOT considered a common sign or sympto A. Fluid coming from the nose, ears, mouth or a head wound B. Pupils of normal and equal size	m of a skull fracture. (Emergency Care for Professional Responders)
C. Bruising around the eyes or ears	
O. D. Swelling	
12-6. The bones that form the eye sockets are also referred to as the	. (Emergency Care for Professional Responders)
○ A. Pulpits	
O B. Orbits	
○ C. Clavicles	
O. Basal Skull	
12-7. Which of the following is NOT considered a mechanism of injury con	nmon to head and/or spinal injury? (Emergency Care for Professional Responders)
○ B. Compression	
○ C. Avulsion	
O D. Hyperextension	
12-8. If there is an object impaled in the skull, allow the blood to drain. (Ed. O. A. True	nergency Care for Professional Responders)
○ B. False	
12-9. Which of the following is NOT considered a common sign or sympto O A. Incontinence	m of brain damage? (Emergency Care for Professional Responders)
○ B. Rapid, weak pulse	
○ C. Hypoglycemia	
O D. High blood pressure with slow pulse	
12-10. Which of the following is NOT considered part of Cushing's Triad? — A. Change in respiration	(Emergency Care for Professional Responders)
O B. Increased blood pressure	
○ C. Bradycardia	
O. Lessening of the gap between systolic and diastolic pressure	
12-11. A concussion is one of a subset of that involves a t	emporary alteration in brain function. (Emergency Care for Professional Responders)
○ A. Diseases	

O B. Traumatic Brain Injuries
○ C. Syndromes
○ D. Glasgow Coma Scale
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
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
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
O D. Thinking and Remembering Physical Escalating Sleep
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
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
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
O D. Dura Mater
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
12-19. Patients with suspected spinal injury should be placed in the Rapid Transport Category. (Emergency Care for Professional Responders)
○ A. True
○ B. False
12-20refers to any technique for limiting movement of the patient's neck and/or spine. (Emergency Care for Professional Responders)

O A. MOI
○ B. GCS
O C. RTC
O D. SMR
12-21. Which of the following is NOT an indicator of potential thoracolumbar injury, according to the Nexus protocols? (FR Cheat Sheet)
A. Age under 16 years old D. Nittel Girma Handalda
O B. Vital Signs Unstable
C. No acute paralysis
O. Patient is alert
12-22. Which of the following is NOT required during Simple SMR, according to the Nexus protocols? (FR Cheat Sheet)
○ A. Cervical Collar applied
O B. Patient placed supine on a stretcher or soft mattress
○ C. Head of stretcher raised 30° is 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? (FR Cheat Sheet) O A. Midline Tenderness
B. Intoxicated
○ C. Fall less than 1 meter or 5 stairs
O. D. Altered LOC
S. Allesied 255
12-24. Which of the following factors does NOT put someone into a High Risk Group, according to the Nexus SMR Decision Matrix? (FR Cheat Sheet)
○ A. Age over 16
○ B. Age over 65
○ C. Osteoporosis
O. 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. Is line Stabilization
B. In-line Stabilization C. Co point Stabilization
C. Co-axial Stabilization
O 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) O 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
O 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

O. 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
O. 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)
O A. Full SMR is inconvenient and physically demanding
O B. The scene has become unsafe
○ C. The patient is blocking access to another patient with life-threatening injuries
O. 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)
O A. True
○ B. False
12-34. Priapism is a sustained caused by spinal cord injury. (FR Cheat Sheet)
12-34. Priapism is a sustained caused by spinal cord injury. (FR Cheat Sheet) O A. Erection
12-34. Priapism is a sustained caused by spinal cord injury. (FR Cheat Sheet) O A. Erection O B. Decreased level of responsiveness
12-34. Priapism is a sustained caused by spinal cord injury. (FR Cheat Sheet) A. Erection B. Decreased level of responsiveness C. Paralysis
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13-3. Any altered mental status can	be an indicator of a serious underlying condition. (Eme	ergency Care for Professional Responders)
○ A. True		
○ B. False		
	as a source of energy to function normally. (Emerg	gency Care for Professional Responders)
○ A. B-Cells		
O B. Calcium		
○ C. Glucose		
O D. Insulin		
13-5. (a hormone)	produced in the pancreas) is required for the transfer o	of glucose from the bloodstream to the body's cells. (Emergency
Care for Professional Responders)		
O A. Diabetes		
O B. Mellitus		
O C. Insulin		
○ D. Sugar		
13-6. Diabetes Mellitus is a condition does produce. (Emergency Care for Prof	n in which the body either fails to produce enough essional Responders)	, or it does not effectively use the it
○ A. Seratonin		
○ B. Insulin		
○ C. Glucose		
○ D. Sugar		
13-7. Type 1 Diabetes is also known	as (Emergency Care for Professional Res	sponders)
O A. Insulin Dependent Diabetes		
O B. Hypoglycemia		
○ C. Hyperglycemia		
O D. Diabetic Coma		
	insulin dependent. (Emergency Care for Professional Responde	ers)
○ A. True		
○ B. False		
13.0 A nationt with Diabetes may us	ea a(n) which is a small nortable dov	ice consisting of an external numn and a small tube that fits
under the patient's skin. (Emergency	Care for Professional Responders)	ice consisting of an external pump and a small tube that fits
A. Internal Defibrillator		
○ B. Pacemaker		
○ C. Insulin Pump		
O D. Prosthetic Pancreas		
	effect of pregnancy is referred to as	(Emergency Care for Professional Responders)
A. Ectopic Diabetes		
○ B. Hypoglycemia		
O C. Adult Onset Diabetes		
O D. Gestational Diabetes		
13-11. Hyperglycemia is a condition A. Low	in which a patient's blood glucose level (BGL) is too	(Emergency Care for Professional Responders)
O B. Thin		
○ C. High		

○ D. Lean
13-12. Hyperglycemia usually occurs when thelevel in the body is too low. (Emergency Care for Professional Responders) A. Glucose
O B. Insulin
○ C. Sugar
○ D. Riboflavin
13-13. Convertinginto energy produces waste products and increases the acidity level in the blood, causing a condition called Acidosis. (Emergency Care for Professional Responders)
A. Insulin
O B. Fat
○ C. Sugar
O. Glucose
13-14. If it continues, the condition deteriorates into a diabetic coma. (Emergency Care for Professional Responders)
○ A. Hypoglycemic
○ B. Insulin Dependent
○ C. Hyperglycemic
O. Malnutritive
43.45. Humanhuannia accura when the PCI in the blend in tag.
13-15. Hypoglycemia occurs when the BGL in the blood is too (Emergency Care for Professional Responders) O A. High
○ B. Rich
O C. Low
D. Concentrated
O 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
O. 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)
O A. Diabetic Coma
○ B. Hyperglycemia
○ C. Acidosis
O. 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
O. Wheezing on exhalation
42.40. An unreconceive nations with guenosted Hypoglycomic should be administered.
13-19. An unresponsive patient with suspected Hypoglycemia should be administered of glucose gel. (FR Cheat Sheet) O A. Do not administer Glucogel to an Unresponsive Patient
B. 15 mg (half a tube)
○ C. 30 mg (entire tube)

O D. 30 mg (half a tube)	
42.20 Nover give any nation inculin. (Freezessy Case for Perfeeding Responden)	
13-20. Never give any patient insulin. (Emergency Care for Professional Responders) A. True	
○ B. False	
13-21. Licenced First Responders can administer Glucogel to an Unresponsive	re patient (Emergency Care for Professional Responders and FR Cheat Sheet)
A. In British Columbia	
○ B. If local Protocols allow	
O. In some jurisdictions, but not in British Columbia	
O. 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	
	n. (Emergency Care for Professional Responders)
O A. Normal	
O B. Absent	
○ C. Abnormal	
O. Atrial	
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	
O D. Grand Mal	
13-25. Which of the following accurately lists the 4 stages of a seizure? (Emer O A. Aura Tonic Clonic Ictal	gency Care for Professional Responders)
O B. Aura Tonic Clonic Postictal	
○ C. Aura Preictal Ictal Postictal	
O D. Tonic Clonic Partial Absence	
13-26. Generalized seizures usually last (Emergency Care for Pro	essional Responders)
○ A. 5-10 minutes	
O B. 1-3 minutes	
○ C. 15 minutes	
O D. 2 hours	
13-27 seizures are the most common type of seizure experies	nced by natients with enilensy. (Emergency Care for Professional Responders)
A. Complex	(Emorgonay Guro for a rolessional responders)
○ B. Simple	
○ C. Partial	
O D. Grand Mal	
13-28. Absence (Petit Mal) seizures are most common in, a Professional Responders)	and are also referred to as Non-Convulsive seizures. (Emergency Care for

○ A. Adults
○ B. Epileptics
○ C. Children
○ D. Diabetics
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
O 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
O B. Status Epilepticus
○ C. Petit Mal seizure
O 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
O 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
O. 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) O 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
O. The seizure takes place in the water
13-34. Migraines usually subside within (Emergency Care for Professional Responders)
○ A. 3 days
O B. 6 hours
○ C. 1 hour
O 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
O 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
O B. Diarrhea
○ C. Abdominal swelling, pain or cramping
O D. Constipation
13-37. A patient with a suspected Bowel Obstruction should be placed in the Rapid Transport Category. (Emergency Care for Professional Responders) O A. True
○ B. False
O B. I alse
13-38. Signs and symptoms of Gastroenteritis generally have a gradual onset and extended duration. (Emergency Care for Professional Responders) O A. True
○ B. False
13-39. Which of the following is a sign or symptom that the patient is NOT suffering from Gastroenteritis? (Emergency Care for Professional Responders) O A. Diarrhea
○ B. Localized, constant pain
○ C. Fever
○ D. Abdominal Cramps
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
O D. Urethritis
13-41. The pain of Peptic Ulcers is commonly mistaken for all but which one of the following? (Emergency Care for Professional Responders) O A. Heartburn O B. Indigestion O C. Hunger
○ D. Migraine
13-42. Gl bleeding can be life-threatening. (Emergency Care for Professional Responders)
O A. True
O B. False
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) O A. MRI
○ B. TIA
○ C. UTI
○ D. MI
Section 14: Poisoning
14-1. What are the 4 routes through which a poison can enter the body? (Emergency Care for Professional Responders)
O A. Ingestion Inhalation Abomination Injection
O B. Ingestion Inhalation Absorption Injection
○ C. Inception Inhalation Absorption Injection

O. Ingestion Incredulation Absorption Injection
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
O B. False
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
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?
14-5. If the poison is a commercial product, it should have a clear label or corresponding (Emergency Care for Professional Responders) O A. SDS
O B. FDA
O C. CRTC
O D. WHMIS
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
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
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
O B. An unusual odor around the mouth
○ C. Rash in a bull's eye pattern
O D. Open container of poison nearby
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
14-10. Most signs and symptoms of Carbon Monoxide poisoning are essentially signs and symptoms of (Emergency Care for Professional Responders) O A. Hypoxia B. Hypoglycemia
C. Dyspnea
O

○ D. Tachypnea
14-11. Carbon Monoxide can be recognized by the distinct odor it emits. (Emergency Care for Professional Responders) O A. True
○ B. False
14-12. A chemical must be wet to absorb through the skin. (Emergency Care for Professional Responders) O A. True
○ B. False
S. Falce
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
O 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
O D. Induce vomiting Rinse with milk Cover with petroleum jelly
14-14. Which of the following is NOT a rash causing plant? (Emergency Care for Professional Responders)
○ A. Poison Sumac
O B. Ardent Bullrush
○ C. Wild Parsnip
○ D. Giant Hogweed
14-15. The sap of giant hogweed and wild parsnip causes the skin to react when exposed to (Emergency Care for Professional Responders) O A. Sweat
O B. UV radiation
○ C. Adrenaline
O D. Poison Oak
14-16 are among the most common source of Injected Poisons. (Emergency Care for Professional Responders) O A. Rash causing plants
O B. Insect and animal bites & stings
○ C. Bacterium and Cryptosporidium
○ D. Fungi and yeasts
14-17. Cimex Lectularius are commonly referred to as (Emergency Care for Professional Responders) O A. Bedbugs
○ B. Scabies
○ C. Ticks
○ D. Headlice
44.19. The most common cause of life threatening situations with relation to insect stings is
A. Panic Attack
○ B. Anaphylactic Reaction
○ C. Arachnoid Reflex
○ D. Toxic Paralysis
14-19. Which North American spiders are known to cause dangerous and sometimes fatal reactions. (Emergency Care for Professional Responders) O A. Green Potentate
O. C. Black Widow
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 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

O D. Both B and C
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
O B. Patient has been stung on the face or neck
○ C. Patient was stung through neoprene
O D. Patient develops dyspnea
14-21. Which of the following is NOT a venomous snake native to Canada? (Emergency Care for Professional Responders)
O A. Northern Pacific Rattlesnake
○ B. Massasauga Rattlesnake
○ C. Rocky Mountain Rattlesnake
O. Prairie Rattlesnake
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
O D. Apply a tourniquet
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
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
O D. Quickly Forcefully
© =- 1,
14-25. Lyme disease is spread primarily by the tick (also referred to as tick). (Emergency Care for Professional Responders)
O A. Yellow-spotted Wolf
○ B. Black-legged Deer
○ C. Red-striped Avian
○ D. Blue-headed Coyote
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
O B. Green tinged lips and eyelids
○ C. Joint and muscle pain
○ D. Headache
14-27. Alcohol and over-the-counter medications are among the most frequently misused and abused substances. (Emergency Care for Professional Responders)
O A. True
○ B. False
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)
O A. Misuse

○ B. Use	
○ C. Overuse	
O D. Abuse	
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 A. Misuse	for Professional Responders)
O B. Use	
○ C. Overuse	
O D. Abuse	
44.00 A is any subs	tones that is taken to offeet the function of the body. (Furnished Surfacional Researcher)
A. Drug	tance that is taken to affect the function of the body. (Emergency Care for Professional Responders)
○ B. Medication	
C. Poison	
O D. Toxin	
14-31. A drug used to prevent or to	reat a disease or condition is called a (Emergency Care for Professional Responders)
○ A. Drug	
○ B. Medication	
○ C. Poison	
O D. Toxin	
O D. TOXIII	
14-32. A(n)occur Care for Professional Responders)	rs when a person takes too much of a substance, producing toxic (poisonous) or fatal effects on the body. (Emergency
○ A. Reflux	
O B. Abuse	
○ C. Overdose	
O. Overuse	
O B. Overuse	
14-33 describes	a condition that a person who is addicted to a substance may experience after refraining from using or abusing that
	rious medical condition. (Emergency Care for Professional Responders)
○ A. Misuse	
B. Indication	
○ C. Withdrawal	
O D. Overdose	
14 24 What are the 2 besis actions	pries of commonly misused or abused substances? (Emergency Care for Professional Responders)
A. Stimulants Depressants Op	•
B. Stimulants Depressants Ha	
·	•
O C. Stimulants Toxins Hallucing	
O D. Depressants Repressants	Designer
14-35 drugs are q	enerally chemical variations on other drugs. (Emergency Care for Professional Responders)
○ A. Designer	
O B. Opioid	
○ C. Medicative	
O D. Addictive	
14-36 affect the co	entral nervous system by speeding up mental activity. (Emergency Care for Professional Responders)
O A. Drugs	

O B. Medications
○ C. Stimulants
O. Hallucinogens
14-37. Cocaine is one of the most publicized and powerful (Emergency Care for Professional Responders)
○ A. Drugs
O B. Medications
○ C. Stimulants
○ D. Hallucinogens
14-38. The most common stimulants are legal. (Emergency Care for Professional Responders)
○ A. True
O B. False
14.20. Which of the following is NOT an unhealthy effect considered common to the use of Stimulants? (Emergency Core for Professional Responders)
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
O C. High Blood Pressure
O D. Chest Pain
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
O D. Medications
14-41. Narcotics have similar effects to other (Emergency Care for Professional Responders)
○ A. Stimulants
○ B. Hallucinogens
○ C. Depressants
O D. Medications
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
O D. Absorbents
14-43. Opioids are a class of than includes morphine, heroin, and fentanyl. (Emergency Care for Professional Responders)
○ A. Stimulants
○ B. Hallucinogens
○ C. Depressants
O D. Inhalants
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
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
O D. Methadone
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
14-47often 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
O 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)
O 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
O 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
O 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

O D. Has DDC. Dives conteminated slathing with bleach. Week skin with Alkeline
O B. Use PPE Rinse contaminated clothing with bleach Wash skin with Alkaline
C. Use PPE Remove contaminated clothing Scrub skin with pumice
O. 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)
O D. 30°C (90.6°F)
15-2. The receives temperature information from the skin and central receptors. (Emergency Care for Professional Responders) O A. Hippocampus
○ B. Amygdala
O C. Hypothalamus
O. Prefrontal Cortex
15-3. The body's thermoregulatory responses, to increase or decrease body temperature, include (Emergency Care for Professional Responders)
O A. Vasodilation Swearing Vasoconstriction Shivering
O B. Vasodilation Sweating Vasoconstruction Shivering
○ C. Vasodilapidation Sweating Vasoconstriction Shivering
O D. Vasodilation Sweating Vasoconstriction Shivering
15-4. Which heat movement mechanism is useful for cooling only? (Emergency Care for Professional Responders)
O B C C C C C C C C C C C C C C C C C C
O B. Convection
O. C. Radiation
O. Evaporation
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)
O A. Age
O B. Diabetes
○ C. Thin Skin
O D. Taking diuretics
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
O B. Heat Exhaustion
○ C. Heat Cramps
O D. Heat Stress
15-7 is an early sign that the body's temperature-regulating mechanisms are becoming overwhelmed. (Emergency Care for Professional
Responders)
O A. Heat Stroke
O B. Heat Exhaustion
○ C. Heat Cramps

O D. Heat Stress
15-8begins 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
O D. Heat Stress
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
O D. All of the above
15-10. Heat Stroke can lead to death. (Emergency Care for Professional Responders)
O A. True
O B. False
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
O B. Conduction Radiation
C. Evaporation Convective
O. D. Dilation Corrective
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
15-13. A patient with dry, hot skin is likely suffering (Emergency Care for Professional Responders) O A. Heat Stress
O B. Heat Stroke
O C. Heat Exhaustion
O. D. Heat Cramps
O. B. Heat Gramps
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
O B. Altered Behaviour
○ C. Rapid weak pulse
○ D. Rapid shallow breathing
45. Which of the following lists the 4 distinct stages of Cold Street in according order of progressive societies?
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

15-16. Which of the following is a s	ign that the patient has progres	ssed to Severe Hypot	hermia? (Emergency Can	e for Professional Respon	ders)
A. Intermittent Shivering					
B. Cessation of Shivering					
○ C. Vigorous Shivering					
O D. Weak Shivering					
15-17. You may need to create a sh Professional Responders)	nelter before placing the patient	in a hypothermia wra	ap if shelter or transpo	rt is	(Emergency Care for
○ A. Less than 30 minutes away					
○ B. More than 30 minutes away					
○ C. Immediately available					
○ D. More than 90 minutes away					
15-18. A warm, sugary, non-alcoho too hot. (Emergency Care for Profession		are for a hypothermic	patient, if the patient is	s	_ and the drink is not
○ A. Horizontal					
○ B. Unresponsive					
○ C. Responsive					
○ D. Semi-Prone					
15-19. Assume a patient is severely	y hypothermic if they are cold a	and unresponsive. (Er	mergency Care for Profession	nal Responders)	
○ A. True					
O B. False					
15-20. is a lo e	cal, superficial condition that o	ccurs when skin is ex	posed to cold tempera	tures and begins to	freeze. (Emergency Care
for Professional Responders)	.,.,.				() ()
A. Hypothermia					
B. Cold Stress					
○ C. Frostbite					
O. Frost Nip					
15-21. When occur	s, the water inside and betweer	n the body's cells beg	ins to freeze and swell	. (Emergency Care for P	rofessional Responders)
○ A. Hypothermia	,	, ,		, , ,	. ,
○ B. Cold Stress					
○ C. Frostbite					
O D. Frost Nip					
15-22. When the frostbitten area yo and/or toes. (Emergency Care for Profe	ou should immediately break an	ny blisters, then place	sterile, non-adherent of	dressings between t	he affected fingers
○ A. True	odional recopolitation				
○ B. False					
15-23. As water is inhaled, it can st	imulate	and the closing of th	ne vocal cords. (Emerge	ency Care for Professional	Responders)
O A. Laryngospasm					
O B. Bronchodilation					
○ C. Tachypnea					
O D. Cushing's Triad					
15-24. A responsive drowning patie A. 5-10 seconds	ent will usually struggle for	before	submerging. (Emergen	cy Care for Professional R	Responders)
○ B. 15-30 seconds					
○ C. 20-60 seconds					

O 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)
O 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
O 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) O A. Have Everyone Leave Perimeter
○ B. Hear Escape Land Prevent
○ C. Heart Embolism Live Paddle
O 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
O B. Cold Incapacitation
○ C. Hypothermia
O D. Circum-Rescue Collapse
45.00 Description in cold water con
15-29. Drowning in cold water can a patient's chances of resuscitation. (Emergency Care for Professional Responders) O A. Increase
O B. Decrease
○ C. Guarantee
O. D. Eliminate
O. C.
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
○ В. Нурохіа
○ 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
O 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)
O A. Acute Mountain Sickness
O B. High Altitude Cerebral Edema
○ C. High Altitude Pulmonary Edema

O D. All of the above	
15-33. The most common cause of death related to high altitude is (Eme. O A. Acute Mountain Sickness	rgency Care for Professional Responders)
○ B. High Altitude Cerebral Edema	
○ C. High Altitude Pulmonary Edema	
O D. All of the above	
15-34. The standard level of atmospheric pressure at sea level is referred to a O A. 1 ATM	. (Emergency Care for Professional Responders)
○ B. 2 ATM	
O C. 3 ATM	
O D. 4 ATM	
15-35. What is the hotline number to contact the Divers Alert Network? (Emergency Care for F. A. 1-800-SCUBADAN	Professional Responders)
O B. 1-877- 444-4444	
O C. 1-919-684-9111	
O D. 1-800-LIFELINE	
15-36. Barotrauma of descent results when something blocks the opening between an int space. (Emergency Care for Professional Responders)	ernal space and environment, trapping in the
O A. Gas	
○ B. Oxygen	
○ C. Carbon Monoxide	
O D. Carbon Dioxide	
15-37 occurs when, as external pressure decreases during ascent, the causing alveoli to rupture. (Emergency Care for Professional Responders)	e trapped air in the lungs expands against the closed glottis,
A. Pulmonary Barotrauma	
○ B. Barotrauma of Descent	
○ C. Arterial Gas Embolism	
O. Nitrogen Narcosis	
15-38. Air entering arterial blood through ruptured can distribute where they disrupt circulation. (Emergency Care for Professional Responders)	bubbles into body tissues (including the heart and the brain)
○ A. Capillaries	
O B. Ventricles	
○ C. Pulmonary Vessels	
O. Aortic Arches	
15-39. In general, it should be assumed that a diver has suffered when he responsiveness within 10 minutes after surfacing. (Emergency Care for Professional Responders) A. HACE	or she is unresponsive upon surfacing or loses
O B. AGE	
O C. COPD	
O D. DCS	
0.5.500	
15-40. If a dive ascent to the surface is too rapid, some of the excess dissolved solution to form bubbles in the surrounding tissues. (Emergency Care for Professional Respondent	
○ A. Oxygen	
O B. Carbon Dioxide	

○ C. Nitrogen	
O D. Carbon Monoxide	
15-41. Treatment of mirrors the treatment for AGE. (Emergency Care for Professional Responders) O A. AMS	
O B. DCS	
O C. COPD	
O D. HAPE	
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)	
O A. Nitroglycerin Narcosis	
○ B. Nitrogen Narcolepsy	
○ C. Nitrogen Narcotics	
O. Nitrogen Narcosis	
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	
O B. Uterus	
○ C. Umbilicus	
O D. Uvula	
16-2. The placenta is it attached to the fetus by a flexible structure called the (Emergency Care for Professional Responders)	
O A. Spinal Cord	
○ B. Umbilical Cord	
○ C. Tactical Cord	
O. Biblical Cord	
16-3. The is a short tube of muscle at the upper end of the birth canal the serves as a pathway from the uterus to the vaginal	
16-3. The is a short tube of muscle at the upper end of the birth canal the serves as a pathway from the uterus to the vaginal opening. (Emergency Care for Professional Responders)	
O A. Cortex	
○ B. Placenta	
○ C. Umbilicus	
O D. Cervix	
16-4. The amniotic sac will always rupture within a few minutes of the onset of contractions. (Emergency Care for Professional Responders)	
O A. True	
O B. False	
40.5. Which of the following identifies the 4 stores of the labour process in the correct and 20.5.	
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	
O. Preparation Delivery of Baby Stabilization Delivery of Placenta	
16-6. A strong urge to push usually indicates that delivery is imminent. (Emergency Care for Professional Responders)	
A Strong urge to push usually indicates that delivery is infiniment. (Emergency Care for Professional Responders)	
O B False	

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	
O D. 3 seconds	
16-8. Delivery of the placenta usually occurs within	after delivery of the neonate. (Emergency Care for Professional Responders)
○ A. 20 seconds	
O B. 20 hours	
○ C. 20 minutes	
○ D. 2 days	
16-9. Bleeding that cannot be controlled after the neonate is	s born is not generally a serious problem. (Emergency Care for Professional Responders)
○ A. True	
○ B. False	
16-10. Which of the following is NOT one of your duties who	en 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	
O. Help the mother into a position of comfort	
16-11. If the umbilical cord is looped around the baby's necl	k, you should gently slip it over the baby's head or shoulders. (Emergency Care for Professional
○ A. True	
O B. False	
16-12. The expectant mother should be directed to stop pus	shing once crowning occurs. (Emergency Care for Professional Responders)
○ A. True	
○ B. False	
16-13. Once the neonate is born, you should the u	umbilical cord at 10 cm and 15 cm from the neonate. (Emergency Care for Professional Responders)
O A. Cut	
O B. Bite through	
○ C. Knot	
O D. Clamp	
16-14. A(n) can be used to clear the neonate	e's mouth and nose of mucous. (Emergency Care for Professional Responders)
○ A. Cordless Vacuum	
O B. Nasal Canula	
○ C. Bulb Syringe	
○ D. Bag-Valve-Mask	
	of fluids and promotes respiration. (Emergency Care for Professional Responders)
○ A. Crying	
O B. Wriggling	
○ C. Being dropped	
O. Being cold	

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)
O A. True
O B. False
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
O B. 60-100
○ C. 20-40
O D. 30-50
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) O A. 6
○ B. 7
○ C. 8
○ D. 9
16-19. An APGAR score of is fairly uncommon, and a perfectly healthy neonate may have a score of (Emergency Care for Professional Responders)
O A. 7 8-9
○ B. 7-8 10
○ C. 10 7-8
○ D. 8-9 10
16-20. A neonatal transport team should only be requested if there are complications or life-threatening conditions. (Emergency Care for Professional Responders)
O A. True
O B. False
16-21. Directing the mother to gently massage her lower abdomen after delivery may help to eliminate (Emergency Care for Professional Responders) O A. Blood Clots
○ B. Postpartum Depression
O. The Placenta
O. D. Scarring
O B. Scanning
16-22. Vaginal packing with sterile dressings is the recommended method to control Postpartum Bleeding. (Emergency Care for Professional Responders) O A. True
○ B. False
16-23. Midwives are governed by legislation. (Emergency Care for Professional Responders)
O A. Federal
O B. Municipal
O C. Ministerial
O D. Provincial
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
O D. Vaginal Bleeding and Sweating

16-25. Spontaneous abortion is sometimes called of gestation. (Emergency Care for Professional Responder	and is the spontaneous termination of pregnancy from any cause before
A. Ectopic Pregnancy 10 weeks	
○ B. Postpartum 20 weeks	
○ C. Braxton Hicks 15 weeks	
O D. Miscarriage 20 weeks	
16-26. Labour that begins between the emergency. (Emergency Care for Professional Responders)	week of gestation is called premature or preterm labour, and is a medical
O A. 10th 12th	
O B. 15th 26th	
O C. 20th 37th	
O D. 17th 29th	
16-27. Braxton Hicks contractions increase in intensity and become	e closer together over time. (Emergency Care for Professional Responders)
O A. True	
O B. False	
16-28. A ruptured usually causes severe hemorrh Professional Responders)	nage and is the leading cause of maternal death in the first trimester. (Emergency Care for
O A. Placenta	
○ B. Cervix	
○ C. Ectopic Pregnancy	
O D. Umbilical Cord	
46.00. Which of the following is NOT considered one of the common	n causes of Third Trimester Bleeding? (Emergency Care for Professional Responders)
A. Abruptio Placentae	in causes of Fillia Hilliester bleeding? (Emergency Care for Professional Responders)
B. Disruptio Ovum	
○ C. Placenta Previa	
O. Uterine Rupture	
·	
16-30. What is the most common complication of childbirth? (Emerg	gency Care for Professional Responders)
A. Prolapsed Cord	
O B. Breech Birth	
○ C. Vaginal Bleeding	
O. Limb Presentation	
-	position, leaning to the left side. (Emergency Care for Professional Responders)
O A. Supine	
○ B. Semi-Fowler's	
C. Knee-Chest	
O. Fowler's	
	ody during a Breech Birth, you will need to help create an airway by placing your ing your fingers to form a "V". (Emergency Care for Professional Responders)
○ A. True	
○ B. False	
16-33. If the baby's arms or legs present first during delivery, you s	hould pull on them. (Emergency Care for Professional Responders)
○ A. True	• • • • • • • • • • • • • • • • • • • •
○ B. False	

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)
O A. True
O B. False
16-35 is a premature separation of the placenta from the uterus. (FR Cheat Sheet)
O R. P. L.
O B. Prolapsed Cord
C. Abruptio Placenta
O. Gestational Diabetes
Section 17: Special Populations
17-1. If you have any to suspect the abuse or neglect of a child, you have a moral andobligation to report your suspicions. (Emergency Care for Professional Responders)
○ A. Ethical
○ B. Philosophical
○ C. Legal
O. Communal
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
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
O. Psychological Developmental
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
O D. Larger pores More prone to infection
17-5. The normal resting heart rate for infants and toddlers is bpm. (Emergency Care for Professional Responders)
○ A. 120-200
○ B. 50-80
O C. 100-160
O D. 110-120
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

17-7. Which of the following is NOT a common childhood vaccine? (Emergency Care for Professional Responders)
O A. Tetanus
O B. Pertussis
○ C. Diptheria
O. Chicken Pox
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
O D. 1-2 days 5 days
17-9. Which of the following is NOT a common childhood illness? (Emergency Care for Professional Responders)
○ A. Scabies
○ B. Impetigo
○ C. Polio
O D. Prickly Heat Rash
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. Chrohn's Disease
O D. Dehydration
17-11 patients are generally considered those over 65 years old. (Emergency Care for Professional Responders)
O A. Pediatric
O B. Geriatric
○ C. Bariatric ○ D. Octogenarian
O. Octogerianan
17-12. Older adults are at an increased risk of injury, with a common cause of injury being (Emergency Care for Professional Responders)
O A. Falls
O B. Absent Mindedness
○ C. Dementia
O. Poor nutrition
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)
O A. True
○ B. False
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)
O A. Osteoporosis
O B. Service Animals
○ C. Obesity
O D. Dementia
17-15. When the content of bones decreases, the bones become frail, less dense, and less able to repair themselves. (Emergency Care for

○ 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)
O R. Dick of Marie
O B. Diabetes Mellitus
○ C. Hypertension
O D. Hyperlipidemia
17-17. Palliative patients are those with illnesses. (Emergency Care for Professional Responders)
O A. Terminal
○ B. Treatable
○ C. Bariatric
O D. Geriatric
17-18. The paralyzing effects of a stroke are considered aimpairment. (Emergency Care for Professional Responders)
O A. Physical
O B. Intellectual
○ C. Cognitive
O 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)
O A. Wheelchair
O B. Cane
○ C. Ramp
O 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
O B. Normal
○ C. Slow
O 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)
O 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)

O A. True
○ B. False
17-25. Which of the following is NOT considered a common cause of physical impairment? (Emergency Care for Professional Responders)
O. A. Cerebral Palsy
O B. Multiple Sclerosis
○ C. Alzheimer's
O. Spinal Cord Injury
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
Section 18: Crisis Intervention
18-1. Suicide is the leading cause of death for people aged to (Emergency Care for Professional Responders)
O A. 24-36
O B. 18-32
○ C. 17-28
O D. 15-19
18-2. Assault only needs to be reported to the police if it involves a child. (Emergency Care for Professional Responders)
O A. True
O B. False
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)
O A. True
○ B. False
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) O A. True
O B. False
O B. I alse
18-5. The death of a patient may have an impact on (Emergency Care for Professional Responders)
O A. The patient's family
○ B. Your partner
○ C. You
○ D. All of the above
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
18-7. Which of the following is NOT a common mental health condition resulting in crises? (Emergency Care for Professional Responders)
O A. Anxiety
O B. Depression
○ C. Madness
○ D. Psychosis

18-8 is a term for mental disorders in whech the dominant mood is fear and apprehension. (Emergency Care for Professional Responders)
○ A. Psychosis
O B. Anxiety
○ C. Depression
○ D. Schizophrenia
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
O B. Official Depression
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
O. Lucidity
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)
O A. True
○ B. False
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) Output Output Discrepancy Care for Professional Responders Output Discrepancy Care for Professional
19-3. The simplest vehicle stabilization technique is called (Emergency Care for Professional Responders) O A. Immobilizing
○ B. Fusing
○ C. Chocking
O. Cribbing
19-4. Once you have save 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)
O B. Turn off the ignition
○ C. Activate the emergency brake
O. All of the above
19-5. If glass needs to be broken to access the patient, choose a window (Emergency Care for Professional Responders) O 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
STATES TO THE POLICE AND POLICE A

19-6. If airbags deploy during patient extrication, they can strike a patient or responder with enough force to cause (Responders)	leath. (Emergency Care for Professional
○ A. True	
○ B. False	
19-7. Hybrid or Electric Vehicles may remain electrically live for up to minutes after the vehicle is shut Professional Responders)	off or disabled. (Emergency Care for
O A. 10 minutes	
O B. 2 minutes	
○ C. 30 seconds	
O D. 90 seconds	
19-8. Which of the following would NOT require you to immediately move a patient during an emergency? (Emergence	/ Care for Professional Responders)
A. The scene becomes unsafe	
O B. You must gain access to other patients	
○ C. The patient is complaining of neck pain	
O D. You cannot provide proper treatment	
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	
O. Keep the weight as far away from you as possible	
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	
O D. Lift-and-drift	
19-11. Which of the following is NOT a common type of stretcher or lifting device? (Emergency Care for Professional Response	eders)
O A. Scoop Stretcher	
○ B. Spine Stretcher	
○ C. Clamshell	
O D. Stokes Basket	
19-12. Load the patient into the ambulance. (Emergency Care for Professional Responders) O A. Feet First	
O B. Head First	
O. Supine	
O. Prone	
19-13 are sheets of strong, semi-rigid plastic that can slide beneath a patient to facilitate transf	er from a bed to a
stretcher. (Emergency Care for Professional Responders)	
O A. Clamshells	
O B. Stokes Baskets	
O. C. Stair Chairs	
O. Transfer Boards	
19-14. A multi-level stretcher has a wider patient surface and wheelbase, and is rated for a hig	ner weight load. (Emergency Care for
Professional Responders)	(Emergency Care for
O A. Bed-o-matic	

O B. Barometric	
○ C. Bariatric ○ D. Barbaric	
O D. Balbalic	
Section 20: Transportation	
Coolen 25: Hansperlanen	
20-1. Completing an 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	
20-2should determine how and when to remove a vehicle from ser	vice. (Emergency Care for Professional Responders)
O A. Responders	
O B. Crews	
C. Patients	
O. 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	
O B. In your yearly performance review	
○ C. Before disciplinary hearings	
O D. At the end of each shift	
20-4. Professional responders who are travelling to an emergency or a hospital are exevehicles. (Emergency Care for Professional Responders)	empt from all laws and acts that govern the use of motor
○ A. True	
O B. False	
20-5 is the mental framework that structures your day-to-day driving per	formance. (Emergency Care for Professional Responders)
○ A. Confidence	
O B. Arrogance	
○ C. Attitude	
O. Righteousness	
20-6. When hazardous environmental conditions are present, the driver should maintai	in a speed and following distance that is appropriate to the
(Emergency Care for Professional Responders)	in a opeca and renorming distance that to appropriate to the
A. Nature of the emergency	
O B. Urgency of the response	
C. Conditions	
O. Distance being travelled	
20-7. The use of warning devices provides absolute right-of-way to proceed through in	tersections. (Emergency Care for Professional Responders)
O A. True	
O B. False	
20-8. Most provinces and territories require all emergency vehicles to come to a compl	lete stop at controlled intersections. (Emergency Care for Professional
Responders)	
O R. Feles	
○ B. False	

20-9. If leaking fuel, gas or hazardous materials are present, your vehicle should be positioned,	and at a safe
A. Downhill Upwind	
○ B. Uphill Downwind	
○ C. Downwind Downhill	
O. Uphill Upwind	
20-10. You are protected from all legal liability when operating an emergency vehicle. (Emergency Care for Professional Responders) O A. True	
O B. False	
20-11. Fixed-wing aircraft are particularly useful to transport patients or vital organs distances greater than Responders)	(Emergency Care for Professional
○ A. 50 km	
○ B. 100 km	
○ C. 150km	
○ D. 200 km	
20-12. A position is often the safest for transporting patients with compromised airways, when using air me Care for Professional Responders)	edical transport. (Emergency
○ A. Lateral	
○ B. Prone	
○ C. Supine	
O. Trendelenburg	
20-13. A helicopter landing zone should be approximately (Emergency Care for Professional Responders)	
O A. 46 meters by 46 meters	
○ B. 151 meters by 151 meters	
O C. 46 feet by 46 feet	
O D. Any of the above	
20.44 Maintain a distance of at least	
20-14. Maintain a distance of at least during helicopter take-off and landing. (Emergency Care for Professional Re A. 60 feet	sponders)
○ B. 200 feet	
O C. 200 meters	
O. Any of the above	
Section 21: Multiple Casualty Incidents	
21-1. A Multiple-Casualty Incident (MCI) refers to a situation involving or more patients. (Emergency Care for Profess	ional Responders)
O A. 2	
O B. 3	
O C. 4	
O D. 5	
21-2. Which of the following is NOT a key component of an Incident Command System (ICS)? (Emergency Care for Professional Response)	ponders)
O A. Incident Command	
○ B. Operations	
○ C. Logistics	
O D. Social Media	

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
21-4. The patient assessment model must be modified in a Multiple Casualty Incident. (Emergency Care for Professional Responders) O A. True
O B. False
21-5. The process is used any time there are more patients than responders. (Emergency Care for Professional Responders)
○ A. Triage
O B. Patient Assessment Model
○ C. Moulage
O D. Cushing's Triad
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
O D. Sound Tactile Active Review Test
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
O B. Delayed Treatment
○ C. Immediate Treatment
O D. Minor Injuries
21-8. In the START system, the color black is used to indicate a patient who is in thecategory. (Emergency Care for Professional Responders)
O A. Dead (Non-Salvageable
○ B. Delayed Treatment
○ C. Immediate Treatment
O D. Minor Injuries
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
O D. Minor Injuries
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
O D. Minor Injuries
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
O D. Check Respiration Check Circulation Check Level of Responsiveness

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) O A. 10
○ B. 20
O C. 30
O 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) O A. Present
○ B. Absent
○ C. Strong
O 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) O 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) O A. True
○ B. False
21-18. The acronym CBRNE stands for (Emergency Care for Professional Responders)
O A. Chemical Biological Radiological Nuclear Exposure
○ B. Chemical Biological Radiological Nuclear Explosive
○ C. Chemical Biological Radicalized Nuclear Explosive
O 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) O 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) O A. True

O 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
O 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
O 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
O D. First Response
21-25. Emergency Wash-Down is an effective alternative to proper decontamination. (Emergency Care for Professional Responders)
○ A. True
○ A. True ○ B. False
O B. False Section 22: Pharmacology
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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
22-5. Erectile Dysfunction (ED) drugs are a(n) for Nitroglycerin. (Emergency Care for Professional Responders) O A. Indication
O B. Contraindication
○ C. Side Effect
O D. Companion
22-6 means making the decision to give a medication to a patient. (Emergency Care for Professional Responders)
○ A. Assisting
○ B. Administration
○ C. Dosing
O D. Appropriation
22-7. Assisting with a medication means following a specific direction to help with medication. (Emergency Care for Professional Responders)
A. Medical Director's
O B. Pharmacist's
O. C. Medical Supervisor's
O D. Patient's
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
22-9. Which of the following lists the 6 Rights of medication? (Emergency Care for Professional Responders)
O A. Person Medication Dosage Treatment Documentation
O B. Person Moderation Dosage Time Documentation
○ C. Person Medication Dosage Time Documentation
O D. Person Medication Damage Time Documentation
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
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)
O A. Agonist
O B. Antagonist
○ C. Synergist
O. Drug Interaction
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
O. D. Therapeutic Action

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	
O D. Inversion	
22-14. Synergism is sometimes express	ed as (Emergency Care for Professional Responders)
○ A. 1 + 1 = 2	
○ B. 1 x 1 = 2	
○ C. 1 + 2 = 3	
○ D. 1 + 1 = 3	
	nes are the and the (Emergency Care for Professional Responders)
A. Chemical Name Official Name	
O B. Trade Name Chemical Name	
○ C. Generic Name Trade Name	
O D. Official Name Chemical Name	
○ A. Oral	Enteral route of administration? (Emergency Care for Professional Responders)
○ B. Sublingual	
-	
O C. Rectal	
O. Endotracheal	
22-18. Which of the following is NOT a P	Parenteral route of administration? (Emergency Care for Professional Responders)
○ A. Intravenous	
○ B. Intranasal	
○ C. Intramuscular	
O D. Buccal	
22-19 is the process by active. (Emergency Care for Professional Response	y which a drug is chemically converted into metabolite, which detoxifies the drug and renders it less
A. Biotransformation	inders)
B. Drug Absorption	
○ C. Drug Distribution	
O D. Excretion	
22-20. The rate of drug distribution to va	arious tissues of the body is depends on of the capillaries to the drug molecule, cardiac
output and regional blood flow. (Emerge A. Solubility	ncy Care for Professional Responders)
○ B. Vapor Density	
C. Ionization	
O. Permeability	
22-21. Which of the following is NOT a fa	actor that influences the actions of drugs? (Emergency Care for Professional Responders)
○ A. Age of the patient	
B. Psychological factors	
○ C. Solubility of the drug	
O D. Gender	

22-22. The sympathetic nervous system is a component of the	. (Emergency Care for Professional Responders)
○ A. Cholinergic Receptors	
O B. Autonomic Nervous System	
○ C. Alpha Receptors	
O D. Parasympathetic Nervous System	
22-23. A(n) consists of tubing that can connect to the cathete side. (Emergency Care for Professional Responders)	er in the patient's arm on one side and the drip bag on the other
○ A. I.V.	
O B. Crystalloid Solution	
○ C. Drip Set	
O D. Peripheral Intravenous Line	
22-24. Which of the following is NOT a crystalloid solution commonly used wi	ith an IV line? (Emergency Care for Professional Responders)
O A. Dextrose	
O B. D50W	
C. Ringer's Lactate	
O. Normal Saline	
22-34. The and of the medication should be marked on the	e vial or ampoule. (Emergency Care for Professional Responders)
○ A. Name Strength	
O B. Chemical Name Official Name	
○ C. Patient's name Responder's name	
O D. Time Route	
22-38. Sodium Hypochlorite, or, is one of the most common world	wide disinfectants. (Emergency Care for Professional Responders)
O A. Peroxide	
O B. Saline	
O. C. Bleach	
O. lodine	
Section 23: Marine Environment	
23-1. Which of the following is NOT one of the most common methods of ster Responders)	'Ilizing surgical equipment and work surfaces? (Emergency Care for Professional
O A. Autoclaving	
O B. Dry Heat	
○ C. Open Flame	
O D. Chemical Antiseptics	
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	
O B. Hospital Staff	
O. The site manager	
O. Either A or B	
24-2. Which of the following is NOT a responsibility of everyone on the works	site? (Emergency Care for Professional Responders)

○ A. Pre-hospital emergency medical personnel
O B. Hospital Staff
○ C. The site manager
O D. Either A or B
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
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
24-5. The is Canada's national hazard communication standard. (Emergency Care for Professional Responders)
○ A. WHMIS
○ B. NOCP
○ C. WCB
○ D. CCOHS
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
O D. Look-out
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