



2017 Regional Patient Care Protocol Exam

Southern Tier Regional Emergency Medical Services

Submit the completed Protocol Exam answer sheet by email to education@emstar.org or mail to:

Protocol Exam
1058 W. Church Street
Elmira, NY 14905

BE SURE YOU HAVE ACCESS TO THE EMAIL ADDRESS THAT YOU Provided. You will be sent an email within 24 hours with your exam results.

1. The Collaborative Protocols do not make a distinction between the AEMT-CC and the Paramedic scope of practice. It is up to the individual regions to differentiate the two.
 - a. True
 - b. False
2. Every effort to avoid performing chest compressions in a moving ambulance should be considered.
 - a. True
 - b. False
3. Management of a cardiac arrest includes all of the following EXCEPT
 - a. Airway management
 - b. Vascular access
 - c. Blood glucose level
 - d. Epinephrine 1:100001 ml every 3-5 minutes
4. Which medication used in cardiac arrest should be diluted in a minimum of 20 cc of normal saline to minimize post ROSC hypotension and phlebitis?
 - a. Lidocaine
 - b. Amiodarone
 - c. Atropine
 - d. Epinephrine
 - e. Sodium bicarbonate
5. For a patient in VF, a medical control consideration would be
 - a. amiodarone 1mg/kg IVP
 - b. amiodarone 1.5 mg/kg IVP
 - c. Lidocaine 1mg/kg IVP
 - d. Lidocaine 1.5mg/kg IVP

6. Your EMS response team is treating a 66 y/o male at a local fitness center. Three bystanders explain that they performed CPR and delivered two shocks with an AED prior to the arrival of your team. You have established a 16 gauge IV in his left AC. While loading the patient in the ambulance your ALS partner is establishing a second IV. You have infused approximately 1000ccs of NS. Your patient has a heart rate of 124/min that is very weak at the radial artery. His blood pressure is 60/P. You are now considering the option of treating him with norepinephrine, 2 mcg/min titrated to 20 mcg/min and NS Fluid Bolus. Your ALS partner is less experienced and she asks you what your goal should be in regards to blood pressure. What answer reflects the standards that have been set forth by our current protocols?
- MAP > 65 mmHg or SBP > 100 mmHg
 - MAP > 55 mmHg or SBP > 100 mmHg
 - MAP > 65 mmHg or SBP > 90 mmHg
 - MAP > 55 mmHg or SBP > 90 mmHg
7. Which of the following situations would be an appropriate reason for an on-duty provider to withhold CPR?
- The patient's family presents the responders with an eMOLST that is viewed as valid.
 - The patient presents with body decomposition.
 - The patient has a MOLST form and there is dependent lividity, but the family is requesting the patient to be transported to the nearest facility because of statements made the day before.
 - Massive injuries such as decapitation or blunt trauma in a pulseless patient with open destruction of organs that are determined to be incompatible with life.
 - All of the above would be considered appropriate reasons to withhold CPR.
8. If resuscitation efforts are terminated in the field, the next step in patient care is
- remove airway devices.
 - Call the patient's physician..
 - notify law enforcement..
 - turn the patient over to family members for post mortem care.
9. Your response team consists of 6 providers and you are the only ALS level practitioner on scene. At 15:35 the family of a 34 year-old female called 911 and they estimate the downtime of the unwitnessed arrest to be less than five minutes. The first arriving BLS providers report that at 15:42 their AED reported "no shock advised." They explain that they initiated the first compressions and the family planned to speak with the family physician about the MOLST program at the end of this week. It is now 15:59 and continuous CPR has not yielded a ROSC. Is it appropriate to consider Termination of Resuscitation in this scenario?
- Yes, resuscitation effort should cease immediately and the patient should not be transported to a hospital. Assistance for the family should be summoned to the scene.
 - Yes, the Termination of Resuscitation efforts may be appropriate in this situation. Placing the person back in bed with the AED pads left in place would be appropriate.
 - No, the patient does not meet the minimum age criteria. Contact with medical control must be established before terminating resuscitation
 - No, medical control must be contacted before terminating resuscitative efforts. Not enough time has passed since CPR began.

10. You are treating a 49 year old female for increasing respiratory difficulty after raking leaves outside..
SAMPLE history includes
S- respiratory distress at rest, can speak only 2-3 words per breath, has bilateral expiratory wheezing
A- None reported
M- Singular, albuterol
P- Seasonal allergies
L - Soup 1 hour prior
E- Upper respiratory infection past several days, better today. Worsened suddenly when raking leaves

Which of the following medications will require a medical order?

- a. Albuterol 2.5mg/3ml of saline with ipratropium 0.5mg via nebulizer.
 - b. Dexamethasone 10mg PO, IM or IV.
 - c. Epinephrine 0.3mg IM
 - d. Epinephrine 1:1000 3mg via nebulizer
11. You are called for a 27 year old college student in respiratory distress. She is a 3 pack year smoker and normally uses bronchodilator inhalers to treat asthma. She has run out of her prescribed medications. BLS providers report that she is currently breathing at 40 breaths per minute with minimal chest movement. She has received 1 nebulized albuterol treatment and epinephrine(1:1000) 0.3mg IM from the BLS providers prior to your arrival. BLS providers further report that Medical Control ordered Magnesium 2GM IV. What is your correct sequence of interventions?
- a. Apply a cardiac monitor; administer high flow O₂ via NRB and magnesium 2 grams in 100 mL normal saline IV over 10 minutes.
 - b. Continue with nebulized albuterol + ipratropium (Atrovent); administer magnesium 2 grams in 100 mL normal saline IV over 10 minutes; apply a cardiac monitor; and if symptoms persist contact medical control for permission to administer Dexamethasone (Decadron) 10 mg PO, IM, or IV.
 - c. Continue with nebulized albuterol + ipratropium (Atrovent); administer Dexamethasone (Decadron) 10 mg PO, IM, or IV apply a cardiac monitor; and if symptoms persist contact medical control to confirm the order for the administration of magnesium 2 grams in 100 mL normal saline IV over 10 minutes;
 - d. Continue with nebulized albuterol + ipratropium (Atrovent); administer a second dose of 0.3 mg IM Epinephrine (1:1,000 / 1mg/mL); apply a cardiac monitor; consider the administration of Dexamethasone (Decadron) 10 mg PO, IM, or IV on standing order or the administration of magnesium 2 grams in 100 mL normal saline IV over 10 minutes on standing order.
12. Which of the following interventions is appropriate for a patient whose BP has dropped to 80/54 following the administration of SL nitroglycerine?
- a. administer norepinephrine 2mcg/min. May titrate to 20mcg/min..
 - b. place patient supine and consider normal saline boluses.
 - c. position patient with feet elevated and give up to 2 liters of normal saline.
 - d. administer additional nitroglycerine as long as patient remains conscious,
13. Of the following choices, which is the first thing you should do for a patient who suffers hypotension after nitroglycerin administration (provided there are no contraindications to doing so)?
- a. Administer a bolus of 500 cc of normal saline IV
 - b. Administer a bolus of 1000 cc of normal saline IV
 - c. Call for a medical control order to initiate a norepinephrine drip
 - d. Do a 12-lead ECG
 - e. Place the patient in a supine position

14. Which of the following would be considered a valid directive that an EMT should follow when presented with an Advanced Directive?
- An eMOLST directs that the patient should not be transported to the hospital.
 - A living will directs that the patient should not have CPR or Intubation preformed in a pre-hospital setting.
 - A health care proxy directs that the patient should not have CPR or Intubation preformed in a nursing home by staff members.
 - All of the above a valid directives that the EMT should observe and ALS should be requested if possible.
15. Of the 2 protocols for agitated patients, Protocol 2-4 is written for the patient that is mildly agitated, while 2-18 was written for patients who are extremely combative and are at are risk of causing physical harm to emergency responders, the public, and/or themselves.
- True
 - False
16. All of the following are permitted airway management interventions for the AEMT EXCEPT
- OPA/NPA
 - Using Magill forceps to relieve an upper airway obstructions
 - Oral ETT placement in an unresponsive adult.
 - Oxygen therapy to maintain an SPO2 at $\geq 92\%$
17. You are caring for a 16 year old male suffering anaphylaxis following exposure to peanut oil. His vital signs are respiratory rate of 30 and shallow, pulse rate of 120 and regular and blood pressure is 88/48. He has inspiratory and expiratory wheezing and has been intubated in the past for a peanut exposure. Which of the following interventions for this patient require Medical Control orders?
- Epinephrine (1:1,000 / 1mg/mL) 0.3 mg IM
 - Epinephrine IV infusion (1 mg in 1000 mL normal saline), at 5 mcg/min
 - Norepinephrine 2 mcg/min titrated to 20 mcg/min, if needed after fluid bolus is complete
 - Dexamethasone (Decadron) 10 mg PO, IM, or IV
18. When caring for an amputation of the distal forearm it is best practice to elevate and wrap the stump with moist sterile dressings and cover with dry bandage.
- True
 - False
19. Atropine is a valid option for the treatment of symptomatic bradycardia.
- True
 - False

20. Your unit is requested to assist the local fire department on the scene of a reported CO alarm activation. Upon arrival, you meet a fire department captain that explains there are four patients that live in the multiple family dwelling that have been exposed to CO levels of 50 parts per million or higher for several hours. The fire department has begun care by giving all four patients oxygen and they have been evaluated with the assistance of a Rad 57 monitor. Which of the following patients is in most need of transport to the hospital for evaluation?
- 76 y/o female that states that she has felt okay all night and is now reporting that this is a "...waste of everyone's time...". Her CO level is reportedly 18% prior to oxygen administration.
 - 26 y/o female that reports she had very little exposure time. She is pregnant and her CO level is 14% prior to oxygen administration.
 - 5 y/o boy that states he is tired and wants to go back to bed. His CO level is reportedly 0% prior to oxygen administration.
 - 37 y/o man that reports feeling "...just fine..." and has a CO level of 8% prior to oxygen administration.
21. Which of the following medications in the COPD Exacerbation/Bronchospasm protocol requires a medical control order to administer?
- Magnesium 2 grams IV
 - Ipratropium (Atrovent) 0.5mg in 2.5ml
 - Albuterol 2.5 mg in 3 ml nebulized
 - Dexamethasone 10 mg PO
22. A 12 Lead ECG should be obtained every _____ for a crush injury due to the increase in _____
- 5 minutes, calcium
 - 30 minutes, potassium
 - 10 minutes, sodium
 - 30 minutes, calcium
23. Which of the following are the most specific criteria for excited delirium?
- Extreme combativeness with immediate risk of causing physical harm to emergency responders, the public, and/or themselves
 - Refusal of medical treatment and/or transport without the patient having the capacity to make that decision at that time
 - Any agitated patient requiring sedation
 - An agitated patient demonstrating *potentially* violent behavior with a blood glucose of 32 mg/dL
 - A patient who is yelling at responders but responsive to verbal de-escalation utilizing interpersonal communication skills
24. Which of the following patients suspected of suffering from a heat emergency may be treated by offering water to drink?
- A patient with hot, dry, flushed skin
 - A patient complaining of nausea able to protect her own airway
 - A patient who needs assistance to raise the cup of water to drink
 - A patient with cool, pale and moist skin able to protect their airway and demonstrate good motor function.

25. The collaborative protocol specifies that tourniquets should be placed _____
- at the highest point on the extremity.
 - 2-3 inches below the proximal joint.
 - 2-3 inches proximal to the wound.
 - in conjunction with hemostatic packing.
26. If the hypoglycemic patient regains normal responsiveness prior to infusion of the complete dose of dextrose, _____.
- continue infusing until 250 mL of D50 is infused
 - stop the infusion and administer 1mg of glucagon
 - continue infusing until their blood glucose level reaches 100mg/dL
 - stop the infusion and record the amount infused
27. How many shocks can you deliver to a hypothermic patient in cardiac arrest?
- 3
 - 6
 - 9
 - There is no limit. You will deliver shocks until you arrive at the hospital.
28. Ambulances credentialed as “Ambulance Transfusion Services” may transport patients with _____ initiated at the hospital with orders written by the sending physician.
- antibiotics
 - blood products
 - LVAD’s
 - There is such thing as an “Ambulance Transfusion Service”
29. If your patient has suffered a musculoskeletal injury and the distal extremity is cyanotic, or lacks pulses, or if the bone is severely deformed, align the extremity by _____ prior to splinting.
- placing pressure on the limb
 - pushing the bone back in if exposed
 - manually pulling on it until it’s the same length as the uninjured extremity
 - applying gentle traction
30. When treating a patient for severe vertigo / nausea the paramedic may utilize standing orders for all of the following EXCEPT
- Midazolam (Versed) IV, IM, or IN
 - .Ondansetron (Zofran) 4 mg ODT/PO, IV, or IM
 - Diphenhydramine (Benadryl) 25 mg IV or IM
 - .Normal saline 500 mL IV bolus;
 - All of the above are permissible under standing order
31. In the Suspected Nerve agent protocol, consult medical control before administering medication to children younger than _____.
- 1 year of age
 - 8 years of age
 - 12 years of age
 - 16 years of age

32. **When treating a patient for what is believed to be an intentional narcotic overdose it is important to administer the full 2 mg bolus of naloxone IV, IM, or IN when presented with hypoventilation or respiratory arrest.**
- True
 - False
33. **Paramedic providers may use any of the following medications to manage the intubated patient, as necessary, EXCEPT:**
- Fentanyl 100 mcg IV once, and then 50 mcg IV every 5 minutes, as needed
 - Midazolam (Versed) up to 5mg IV every 10 minutes, as needed
 - Ketamine up to 100 mg every 5 minutes, as needed
 - None of the above is indicated.
34. **EMS providers can assist family or caregivers of patients who are actively seizing with the administration of**
- Diastat
 - Fentanyl
 - Benadryl
 - none of the above
35. **Transport to the closest appropriate hospital should occur when:**
- labor contractions are between 5 and 10 minutes apart
 - delivery is imminent
 - patient advises she is having twins and in labor
 - two IV attempts have failed and patient reports spotting blood past few days
36. **Both Paramedics and CCT have standing orders for Procedural Sedation if the pts condition warrants it**
- True
 - False
37. **In treating acute Pulmonary Edema, place your patient on CPAP at**
- 5-10 cmH₂O
 - 5-10 mmHg
 - 6 LPM
 - 1- 1.5cm/kg
38. **Three tablets (or sprays) of nitroglycerine should be given (together) every 5 minutes if the patient has unresolved signs/symptoms of acute cardiogenic pulmonary edema, and:**
- The patient's systolic BP is 120 – 160 mmHg
 - The patient's systolic BP 160 – 200 mmHg
 - The patient's systolic BP > 200 mmHg
 - This much nitroglycerine should NEVER be given at one time.
39. **Your adult patient is actively seizing. According to standing orders what options do you have for administering Midazolam (Versed)?**
- Midazolam (Versed) 5 mg IV, IM
 - Midazolam (Versed) 5 mg IV, IM, IN; may repeat X 2 in 10 minutes
 - Midazolam (Versed) 5 mg IV, IM, IN; may repeat X 1 in 5 minutes
 - Midazolam (Versed) 2.5 – 5 mg IV, IN

40. According to the protocols, aside from eclampsia, what should be considered and evaluated in a 32 week pregnant patient having a seizure?
- Magnesium toxicity
 - Amniotic fluid embolism
 - Abruptio placentae
 - Hypoglycemia
 - .Craniosacral outflow obstruction
41. The total volume of fluid to be given to a patient in septic shock before initiating vasopressors is?
- 30ml/kg
 - 500ml
 - 2 liters
 - 1 liter
42. How many mL of fluid should be given prior to reassessment when completing a fluid bolus for an adult patients with a SBP < 100mmHg and MAP < 65 with no trauma.
- 250 mL
 - 500 mL
 - Up to 2 L
 - 1000 ML
43. You have a symptomatic smoke inhalation adult patient. Which of the following interventions should NOT be given according to protocol standing orders?
- Cardiac monitor with 12-lead EKG
 - .Cyanokit 10 grams IV over 15 minutes (page 84)
 - Oxygen via non-rebreather mask at 15 LPM
 - Normal saline 500 ml bolus
44. For an adult stroke patient, according to protocol which of the following is NOT an appropriate intervention for the Paramedic practitioner?
- Cardiac monitor
 - If unstable, consider sedation
 - 12-lead EKG when possible
 - Maintain systolic BP>120 mmhg, or MAP>90 mmhg
45. Your 73 year old female patient presents with a narrow complex tachycardia at a rate of 160 beats per minute and irregular. She is answering questions appropriately, is breathing normally and does not complain of chest pain, just a "funny feeling" in her chest. Her home medications include nitrostat, aspirin, lisinopril, metoprolol, Glucophage (metformin), albuterol and ipatropium. Your first line medication for rate control for this patient is:
- Cardizem
 - Metoprolol
 - Lidocaine IV
 - Amiodarone IV

46. **When should a patient with a Ventricular Assist Device (LVAD) receive CPR?**
- Never
 - If there is no palpable pulse
 - If there is no detectable blood pressure
 - If there is no evidence of pump function and the patient is unresponsive
47. **How should you appropriately dose medications in an obese child?**
- Use the adult dose
 - Dose based on the ideal body-weight as calculated with a length-based resuscitation tape
 - Dose based on an estimate of the patient's weight
 - Dose based on the average of the patient's estimated weight and the ideal body-weight.
48. **Which is true regarding pediatric allergic reaction and anaphylaxis?**
- AEMT level must contact medical control prior to administering a pediatric auto injector to a child exhibiting true anaphylaxis
 - Critical technicians can only give one dose of albuterol and ipratropium on standing order if wheezing is present
 - Paramedics can give dexamethasone 10 mg PO on standing order for patients ≥ 2 y/o
 - IV epinephrine is indicated on standing order for the paramedic in the case of cardiovascular collapse
 - If the patient is having stridor, the provider must contact medical control before switching to the pediatric stridor protocol
49. **You have administered a 10% dextrose and water solution to a child with a low blood sugar. He is now awake and interactive. His mother does not want him transported to the hospital by ambulance.. Per protocol, you should**
- Allow the parent to refuse added treatment by signing the refusal form.
 - Have the mother consult with a medical control physician.
 - Administer added dextrose and water solution before allowing the mother to sign off.
 - Call law enforcement.
50. **If a patient's blood contacts a first responder's eye, flush with water from an eyewash station. If an eyewash station is not available:**
- Wait until arrival at the hospital
 - Use tap water, sterile water or saline to flush the eye
 - Use air to blow the substance out of the eye
 - Wash the eye with alcohol swabs