Chapter 1: Introduction to EMS Systems--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. As an Emergency Medical Responder, which of the following should you set as your top priority at the scene of an emergency?
   a. CPR  
   b. Safety  
   c. Patient care  
   d. Traffic control

2. An Emergency Medical Responder possesses all of the following skills EXCEPT:
   a. defibrillation.  
   b. oxygen administration.  
   c. medication administration.  
   d. bleeding control.

3. Emergency Medical Responder care is usually authorized by:
   a. the National Registry.  
   b. state laws.  
   c. the patient’s physician.  
   d. department bylaws.

4. The ________ is involved in quality improvement and protocol development.
   a. Medical Director  
   b. chief of the emergency department  
   c. EMT  
   d. agency administrator

5. The highest level of EMS provider is:
   a. Advanced Emergency Medical Technician.  
   b. Emergency Medical Technician.  
   c. Emergency Transport Technician.
6. A 47-year-old patient has been injured in a serious motor vehicle crash. Which is the most appropriate specialty hospital for this patient?
   a. Pediatric center
   b. Trauma center
   c. Cardiovascular care center
   d. Stroke center

7. According to the National Highway Traffic Safety Administration (NHTSA of the United States Department of Transportation), how many classic components make up an EMS system?
   a. 5
   b. 15
   c. 10
   d. 20

8. One of the important components of the medical legal standards in patient care is:
   a. confidentiality.
   b. community relations.
   c. communications.
   d. advocacy.

9. The place where 911 calls are answered is called a:
   a. dispatch headquarters.
   b. communication coordination center.
   c. public safety answering point.
   d. radio call center.

10. Demeanor is part of professionalism for the Emergency Medical Responder, and it has which of the following as an attribute?
    a. Advanced education
    b. A take-charge attitude
    c. Fearlessness
    d. Respect
You and your partner are assigned to EMS Unit 5 one morning in September. At 10:35 A.M., the emergency dispatcher directs you to a collision on Pumpkin Hollow Road. Someone called to report that the car ahead of her had swerved to avoid a dog, gone off the road, plunged into a ditch, and hit a tree. Dispatch reports that an ambulance is en route and will arrive on scene in about 15 minutes.

Your unit pulls up to the scene six minutes later. After determining that the scene is safe to enter, you approach the crash site. As you don your personal protective equipment, you focus on the young man sitting on the ground beside the crashed car. His shirt and pants are soaked with blood. He is apparently alert and is holding his wrist tightly with his other hand. The patient tells you that after the crash, he had not believed himself injured and so attempted to get out of the car. In doing so, he sliced his wrist on jagged metal. He tells you that he had been wearing a seat belt.

Your partner applies direct pressure to the wound. Meanwhile, you introduce yourself to the patient and begin your assessment of his condition. The patient seems anxious and restless. As you continue to assess him, you explain what you are doing and try to calm him.

Because of the possible mechanisms of injury involved in the crash, you are especially alert to the possibility of spine and other internal injuries. You administer high-flow oxygen to the patient and join your partner in manually stabilizing the patient to avoid any further injury.

Seven minutes later, the Paramedics arrive. You provide them with a concise report of the patient’s condition and your interventions. The Paramedics assume care of the patient, contact medical direction, and report on their findings and expected time of arrival at the hospital.

Just a few minutes after 11:00 A.M., the ambulance reaches the hospital. The Paramedics brief the emergency department staff on the patient’s status and the care that he has received. The hospital crew takes over and wheels the young man off to surgery.

1. What EMS resources are involved in this scenario?

2. What roles/responsibilities and examples of professionalism for an Emergency Medical Responder are demonstrated in this scenario?
Chapter 1 Review

In the space provided, write the word or words that best complete each sentence.

1. In general, the ____________ ____________ ____________ system is a network of resources, from 911 to the emergency department, that provides emergency medical care to victims of sudden illness or injury.

2. A typical example of an emergency call begins with a member of the public calling ____________ or another emergency number.

3. An important member of the EMS team, the Emergency Medical ____________, receives the emergency call at a public safety answering point.

4. An emergency communication system that automatically records a caller’s phone number and location is known as a(n) ____________ 911 system.

5. There are four levels of training. They are ____________, ____________, ____________, and ____________.

6. A(n) ____________ ____________ ____________ is the first person with emergency medical training on the scene.

7. At the next level of EMS training after Emergency Medical Responder, the ____________ can also perform complex immobilization procedures, restrain patients, and staff and drive ambulances.

8. ____________ ____________ is a dynamic system for continually evaluating and improving care.

9. ____________ ____________ involves a physician Medical Director in quality improvement and developing protocols.

10. The ____________ of ____________ ____________ is a national model that defines the scope of care for all levels of EMS training.

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True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. As an Emergency Medical Responder, you provide emergency care that comforts a patient at the height of crisis.
2. Emergency Medical Responders may be called to emergencies in which they are the only trained rescuers on scene.
3. As an Emergency Medical Responder, you must consider your own safety only after you have provided emergency care to your patients.
4. Being well-dressed and groomed is not important to the professional responsibilities of an Emergency Medical Responder.
5. When a patient needs transport to a hospital, you may leave the scene after you verify that an ambulance will arrive within five minutes.
6. Once an Emergency Medical Responder has provided care, he must continue to do so until it is turned over to another qualified provider.
7. Professionalism means, in the most important sense, that the Emergency Medical Responder is perceived as a caring and competent member of the EMS system.
8. One of the factors in professionalism is patient advocacy.
9. A trained Emergency Medical Responder will always perform without making errors.
10. A trauma center is a medical facility specializing in the treatment of pediatric care.

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Answer Key

Handout 1-1: Chapter 1 Quiz
1. b
2. c
3. b
4. a
5. d
6. b
7. d
8. a
9. c
10. d

Handout 1-2: The Call: First on Scene
1. a 911 dispatcher, Emergency Medical Responders, Paramedics, a medical director, and a hospital emergency department
2. Possible answers include the following: personal safety, patient assessment and administering of care, maintaining a caring and compassionate attitude, continuity of care, emotional support, and communications.

Handout 1-3: Chapter 1 Review
1. emergency medical services
2. 911
3. dispatcher
4. enhanced
5. Emergency Medical Responder, Emergency Medical Technician, Advanced EMT, Paramedic
6. Emergency Medical Responder
7. Emergency Medical Technician
8. Quality improvement
9. Medical oversight
10. Scope of Practice Model

Handout 1-4: True or False
1. T
2. T
3. F
4. F
5. F
6. T
7. T
8. T
9. F
10. F
Chapter 2: Legal and Ethical Principles of Emergency Care--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. Patients of legal age who are competent and who accept your care are giving ______ consent.
   a. implied  
   b. expressed  
   c. guardian  
   d. minor’s

2. In an emergency in which a patient is so severely injured that a clear decision cannot be made, you have the right to provide care based on ______ consent.
   a. implied  
   b. expressed  
   c. guardian  
   d. minor’s

3. The law that protects the confidentiality of protected health information is commonly called:
   a. HIPAA.  
   b. SEPA.  
   c. INPRO.  
   d. H-ACT.

4. If a competent adult refuses your care but you then provide it against his will, you could be charged with:
   a. inadvertence.  
   b. abandonment.  
   c. negligence.  
   d. battery.

5. A(n) ______ is a form, requested by a patient and signed by a physician, refusing CPR if the heart stops.
a. health care proxy
b. power of attorney
c. do not resuscitate order
d. ethics statement for the living

6. A(n) ________ is a legal document that outlines instructions regarding a patient’s medical decisions.

a. breach of duty
b. power of attorney
c. advance directive
d. release of confidence

7. Failure to perform a required assessment or treatment or the incorrect performance of an action is a(n):

a. proximate causation.
b. breach of duty.
c. abandonment.
d. disregard of proper action.

8. An Emergency Medical Responder’s legal obligation to provide emergency care is referred to as a(n):

a. duty to act.
b. scope of care.
c. implied consent.
d. standard of care.

9. A 16-year-old who is financially independent and living away from home as an adult by permission of the courts is called a(n) ________ minor.

a. guardian
b. released
c. emancipated
d. jurisdictional

10. Written guidelines or instructions describing assessment and care are known as:

a. hospital care directives.
b. online medical controls.
c. prescription services.
d. protocols.
The Call: A Crime Scene

Read the scenario. Then, in the space provided, answer the questions that follow.

All the ambulances from your station are presently tied up on calls, so you are dispatched to handle a possible shooting. When you arrive at the scene, a police officer assures you that the scene is safe and secured. You take standard precautions, grab your jump kit, and step out of your vehicle.

Just then a woman runs from the house, screaming for you to help her husband. When you enter the house, you immediately see a police officer and overturned chairs, broken lamps, and a trail of blood leading into the next room. Following the officer’s directions, you find a man, appearing to be in his mid-50’s, lying on the floor and bleeding. His wife is behind you, yelling that someone broke into the house and shot him.

1. What instructions should you give to the rest of your crew before they enter the scene?

2. What are some ways in which you can assist the police, even while performing patient care?
Chapter 2 Review

Select the term from the list that best completes each sentence. Then write it in the space provided. Use proper capitalization if necessary. (HINT: Each term on the list is used only once.)

• abandonment
• competent
• consent
• directive
• emancipated
• ethical
• expressed
• implied
• protocols
• scope

1. The ____________ of practice defines the actions that are legally allowed for an Emergency Medical Responder.

2. A(n) ____________ adult is one who has the mental capacity to make an informed decision about medical care.

3. By law, a patient must first ____________, or give permission, before an Emergency Medical Responder may provide care.

4. ____________ consent may consist of verbal consent, a nod, or an affirming gesture from a competent adult.

5. ____________ consent may be applied when an unresponsive patient is at risk of death, disability, or deterioration of condition.

6. ____________ are written guidelines or instructions that describe appropriate assessment and care in specific situations.

7. A(n) ____________ minor is one who is married, pregnant, a parent, or in the armed forces, or who has the rights of an adult with permission of the courts.

8. An advance ____________, such as a DNR order, is written prior to an emergency and must be signed by both the patient and a physician.
9. Honesty, compassion, and advocacy are important ____________ approaches to EMS.

10. Leaving a sick or injured patient before equal or more highly trained personnel assume responsibility for patient care is called ____________.
True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

________ 1. Scope of practice is a set of regulations and laws that designate how an Emergency Medical Responder legally functions.

________ 2. Protocols are verbal instructions given over the radio that are universal to all emergency medical situations.

________ 3. A 10-year-old who has been hit on his bicycle can be treated by Emergency Medical Responders if he is alert enough to give expressed consent.

________ 4. Patients with an altered mental status should not be allowed to refuse care.

________ 5. The Health Information Portability and Accountability Act (HIPAA) identifies protected health information that cannot be disclosed to others except in certain situations.

________ 6. An advanced directive is a legal document that can appoint a person to make medical decisions for a patient who is unable to do so.

________ 7. Abandonment allows an Emergency Medical Responder to leave a patient before an ambulance arrives for transport as long as the patient is not seriously sick or injured.

________ 8. Breach of duty is a failure to perform a required assessment or treatment or the incorrect performance of an action.

________ 9. When you enter a crime scene to provide patient care, you do not need to be concerned about destroying evidence because patient care is all that matters.

________ 10. If an Emergency Medical Responder is a mandatory reporter for a suspected crime, he/she still can’t disclose patient information unless he/she is ordered to do so by a judge’s order.
Answer Key

Handout 2-1: Chapter 2 Quiz
1. b
2. a
3. a
4. d
5. c
6. c
7. b
8. a
9. c
10. d

Handout 2-2: The Call: A Crime Scene
1. Quickly remind your crew members to touch only those things that must be touched in order to properly care for the patient. Nothing else should be moved or touched if at all possible, and the things that are touched or moved should be reported to the responding police officers.
2. Types of assistance may include the following:
   • Observe and document anything unusual at the scene.
   • Touch only what you need to touch.
   • Move only to provide Emergency Medical Responder care and only what you need to move to protect yourself, other rescuers, and the patient.
   • Do not use the telephone until the police give you permission to do so.
   • Move the patient only if he is in danger or must be moved for you to provide care.
   • If possible, do not cut through holes in the patient’s clothing.
   • Communicate your actions and observations of the scene to law enforcement.

Handout 2-3: Chapter 2 Review
1. scope
2. competent
3. consent
4. Expressed
5. Implied
6. Protocols
7. emancipated
8. directive
9. ethical
10. abandonment

Handout 2-4: True or False
1. T
2. F
3. F
4. T
5. T
6. T
7. F
8. T
9. F
10. F

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Chapter 3: Wellness and Safety of the EMR -- Quiz

Circle the letter of the best answer to each multiple-choice question.

1. Appropriate lifestyle changes to aid in dealing with stress would include all of the following EXCEPT:
   a. cutting down on sugar, fat, and caffeine.
   b. avoiding exercise in your daily routine.
   c. avoiding cigarettes and alcohol.
   d. avoiding the use of relaxation techniques.

2. An Emergency Medical Responder who flees a scene because of potential violence and positions himself behind a brick retaining wall is using which technique?
   a. Cover
   b. Concealment
   c. Distraction
   d. Misdirection

3. A patient with a terminal illness has an outburst where she yells, "Why is this happening to me?" This patient is exhibiting what stage of the grieving process?
   a. Bargaining
   b. Depression
   c. Denial
   d. Anger

4. Disease-causing agents are called:
   a. venoms.
   b. toxemias.
   c. pathogens.
   d. amoebas.

5. Practice to prevent exposure to disease during patient contact is called:
a. infection precautions.
b. universal isolations.
c. disease control methods.
d. standard precautions.

6. An Emergency Medical Responder should be screened yearly for:
   a. tuberculosis.
   b. tetanus.
   c. hepatitis.
   d. HIV.

7. It is critical that all Emergency Medical Responders wear _______ whenever a patient is suspected of having TB.
   a. eye shields or goggles
   b. a HEPA respirator or N-95 mask
   c. a disposable gown and mask
   d. impervious boots and a helmet

8. If hand washing is indicated but you are in the field without soap and water available, what should you do?
   a. Wear gloves until soap and water are available
   b. Do nothing now, but make sure that gloves are used on the next call
   c. Take yourself out of service until soap and water can be found
   d. Use an alcohol-based hand cleaner

9. For which type of call would you be most likely to use a gown?
   a. A child with a fever
   b. An elderly gentleman complaining of abdominal pain
   c. A woman giving birth
   d. An assault victim with no active bleeding

10. If an Emergency Medical Responder has an exposure and the contamination involves the eyes, it is recommended that irrigation be done for a minimum of:
    a. 10 minutes.
    b. 20 minutes.
    c. 30 minutes.
d. 45 minutes.

11. Which of the following is most likely to be considered a significant stressor for the Emergency Medical Responder?
   
   a. Working a single-vehicle crash  
   b. An uncomplicated childbirth  
   c. A pediatric patient with serious trauma  
   d. An emergency worker with an ankle injury

12. When you are lifting, how should you place your feet?
   
   a. One in front of the other  
   b. Shoulder-width apart  
   c. Close together  
   d. As far apart as possible

13. A patient who is breathing adequately but is unresponsive should be placed in a _______ position.
   
   a. supine  
   b. prone  
   c. head-down  
   d. recovery

14. A patient who has been restrained should be placed in a(n) _______ position.
   
   a. face-up  
   b. facedown  
   c. arm-leg straddle  
   d. fetal

15. What is body mechanics?
   
   a. The positioning of a patient for transport  
   b. The way in which a patient responds to commands  
   c. The initial findings of a patient at the scene  
   d. The proper use of the body to lift a patient

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The Call: An Unknown Condition

Read the scenario. Then, in the space provided, answer the questions that follow.

A call comes into the station at 0400 hours. The dispatcher sends your engine crew to a shelter for homeless people for an “ill person.”

When you enter the shelter, an attendant says, “Hank just came in last night. He lost his job and then his room. He tells us that he can’t shake this cough, that it’s been troubling him for some time. He’s awfully thin, which is to be expected from living on the streets. I found him in the bathroom, on the floor, coughing up blood. I got him back to bed, but I’m worried about him. He’s only 21. Could you take a look at him?”

1. What steps should you take before examining this patient? Why?

2. You believe that you were exposed to this patient’s body fluids during the physical exam. After you transfer care of the patient to the EMS ambulance crew, what steps should you take?
Chapter 3 Review

Select the term from the list that best completes each sentence. Then write it in the space or spaces provided. Use proper capitalization if necessary. (HINT: Each term on the list is used only once.)

[COMP: Set this bulleted list in multiple columns.]

• altered mental status
• body mechanics
• concealment
• exposure
• hypothermia
• long axis
• burnout
• shock
• standard precautions
• supine

1. __________ __________ is the proper use of the body to lift.
2. __________ __________ means moving a patient while keeping the spine in a straight line.
3. Inadequate perfusion of the body is called ____________.
4. __________ occurs when there is contact with a substance.
5. In a(n) ____________ position, a patient is flat on his back.
6. A reaction to cumulative stress or to multiple critical incidents that some EMS providers experience is called ____________.
7. A patient who has disorientation of the senses is said to have a(n) ____________ ____________ ____________.
8. __________ __________ are used to prevent the spread of disease.
9. An Emergency Medical Responder who is hiding from danger in a place that offers no protection is using a technique known as ____________.
10. Decreased body temperature is called ____________.
Handout 3-4

Student’s Name __________________________

Listing

*Complete each listing activity on the lines provided.*

1. List six signs of stress.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. List the five stages of grieving.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. List five examples of personal protective equipment.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. List six vaccinations recommended for active duty Emergency Medical Responders.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Answer Key

Handout 3-1: Chapter 3 Quiz
1. b
2. a
3. d
4. c
5. d
6. a
7. b
8. d
9. c
10. b
11. c
12. b
13. d
14. a
15. d

Handout 3-2: The Call: An Unknown Condition
1. This patient has a severe cough. The cause is unknown, but the cough could carry pathogens. Put on a HEPA or N-95 respirator and use standard precautions. You also might consider placing a surgical-style mask on the patient; but if you do, continue to monitor the patient’s airway and breathing carefully.
2. Immediately report any suspected exposure to blood or body fluids to your agency according to protocol. Include in your report the date and time of exposure, the type of body fluid involved, the amount, and details of the incident. Laws vary, so be sure to follow all local protocols.

Handout 3-3: Chapter 3 Review
1. Body mechanics
2. Long axis
3. shock
4. Exposure
5. supine
6. burnout
7. altered mental status
8. standard precautions
9. concealment
10. hypothermia

Handout 3-4: Listing Well-Being Basics
1. any six: irritability; inability to concentrate; difficulty sleeping and/or nightmares; guilt; loss of appetite; isolation; loss of interest in work; hopelessness; misuse of alcohol/drugs; loss of interest in sexual activity; indecisiveness; irritability; sadness; guilt
2. denial, anger, bargaining, depression, acceptance
3. eye protection; gloves; gowns; face protection; respiratory protection
4. tetanus, hepatitis A, hepatitis B, MMR (measles, mumps, and rubella), chickenpox, influenza

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Chapter 4: Introduction to Medical Terminology, Human Anatomy, and Lifespan Development—Quiz

Circle the letter of the best answer to each multiple-choice question.

1. A person who is standing erect, with arms at sides and palms forward, is in a(n) _______ position.
   a. prone
   b. supine
   c. anatomical
   d. lateral recumbent

2. A person who is lying face up on his back is in a(n) _______ position.
   a. prone
   b. supine
   c. anatomical
   d. lateral recumbent

3. A person who is lying down on her left side is in a(n) _______ position.
   a. prone
   b. supine
   c. anatomical
   d. lateral recumbent

4. The opposite of anterior, which refers to the front, is ________, which refers to the back.
   a. posterior
   b. inferior
   c. lateral
   d. distal

5. Proximal means close, or near the point of reference, and ________ means distant, or far away from the point of reference.
a. posterior  
b. inferior  
c. lateral  
d. distal  

6. The opposite of superior, or toward the head, is ________, or toward the feet.
   a. lateral  
b. ventral  
c. inferior  
d. ventral  

7. A scrape to the elbow is considered to be ________that is, toward the body surface.
   a. superficial  
b. inferior  
c. dorsal  
d. medial  

8. The internal female reproductive organs are found in the ________ cavity.
   a. thoracic  
b. abdominal  
c. cranial  
d. pelvic  

9. The abdominal cavity is divided into:
   a. quadrants.  
b. tridivisions.  
c. bisectional areas.  
d. anatomic planes.  

10. The prefix that means below normal or slow is:
    a. hyper-.  
b. hypo-.  
c. tachy-.  
d. brady-.  

11. The body’s state of balance between all the body processes is called:

   a. homeostasis.
   b. equaialostasis.
   c. physioostasis.
   d. anatomical equilibrium.

12. The spinal column is divided into how many sections?

   a. 4
   b. 5
   c. 6
   d. 7

13. How many pairs of ribs are attached anteriorly to the sternum?

   a. 9
   b. 10
   c. 11
   d. 12

14. The ________ is the longest and strongest bone in the body.

   a. femur
   b. humerus
   c. tibia
   d. ulna

15. The shoulder girdle consists of:

   a. the clavicle and the humerus.
   b. the scapula and the humerus.
   c. the humerus and the ischium.
   d. the clavicle and the scapula.

16. An example of a slightly moveable joint is the:

   a. hip.
   b. bones of the cranium.
   c. individual vertebra.
   d. wrist.
17. Muscles are attached to bones by:
   a. tendons.
   b. ligaments.
   c. joints.
   d. cartilage.

18. Which type of muscle is found in blood vessels?
   a. Voluntary
   b. Cardiac
   c. Striated
   d. Involuntary

19. The _______ is the major muscle of the respiratory system.
   a. diaphragm
   b. bronchi
   c. alveoli
   d. intercostal muscle

20. The inferior chamber of the heart that pumps blood to the body is the:
   a. right atrium.
   b. left atrium.
   c. left ventricle.
   d. right ventricle.

21. The brain and the spinal cord are referred to together as the:
   a. peripheral nervous system.
   b. central nervous system.
   c. somatic nervous system.
   d. automatic nervous system.

22. The integumentary system consists of the:
   a. processes involved in the digestion and elimination of waste.
   b. skin, hair, and nails.
c. testes and ovaries.
d. lymphatic and immunity tissues.

23. Which of the following is NOT considered part of the endocrine system?
   a. Gallbladder  
   b. Pancreas  
   c. Adrenal gland  
   d. Pituitary gland

24. What is the approximate percentage of oxygen found in atmospheric air?
   a. 19 percent  
   b. 20 percent  
   c. 21 percent  
   d. 22 percent

25. Which component of blood helps it to clot?
   a. Red blood cells  
   b. Plasma  
   c. White blood cells  
   d. Platelets

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EMR 9
The Call: Terminology Applied

Read the scenario. Then, in the space provided, answer the questions that follow.

You and your crew are dispatched to a fall at a home. As you pull up to the one-family house, you size up the scene. The truck for a chimney cleaning service is parked in the driveway. There is scaffolding around a chimney at the east end of the house; at its base, two men are kneeling over a third man, who is lying supine on the ground. The scene appears to be safe, so you grab your jump kit and approach. As you do, one of the men runs over to you and tells you that they had been repointing the chimney when Luis lost his footing and fell about 18 feet to the hard ground.

Your patient is not conscious when you begin your initial assessment. After determining that he is breathing adequately, you note a large laceration on the left side of his jaw. You observe that an area on the outside of the patient’s left arm, just above the elbow, is swollen and deformed. There is also a large laceration on the front side of the patient’s upper left thigh just above the kneecap, and it is bleeding profusely.

1. Which of the body’s major systems do you suspect have been injured as a result of the fall?

2. Where is the injury to the patient’s arm? Use the correct medical terms for body locations.

3. Where is the injury to the patient’s lower extremity? Use the correct medical terms for anatomy and location.
The Call: Plate Glass Window vs. Partying Person

Read the scenario. Then complete the chart according to the directions that follow.

Late on a hot summer Friday night, you are backing your emergency response vehicle into the station when the dispatcher tells you to respond to the report of a 27-year-old who has gone through a plate glass window at a residence at 529 Miracle Way. You notify dispatch that you are responding and that you have a fiveminute ETA.

You arrive at the scene and find a party with a group of people tending to the injured person, who has been moved away from the window and who is sitting up. You survey the scene and find it safe. When you make contact with the patient, you observe that he is conscious but that he has numerous cuts over his arms and face. The patient is breathing quickly, but he is talking in full sentences—mostly stating that he is in pain.

As you start to provide emergency care, you hear the ambulance radio to dispatch that Paramedics are now on the scene.

In the second column of this chart, place a check mark next to any body system that was affected in this scenario. In the third column, explain the effect for each system that you checked.

<table>
<thead>
<tr>
<th>Body System</th>
<th>Was the system affected?</th>
<th>If so, how?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circulatory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digestive</td>
<td></td>
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</tr>
<tr>
<td>Urinary</td>
<td></td>
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<tr>
<td>Reproductive</td>
<td></td>
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</tr>
<tr>
<td>Integumentary</td>
<td></td>
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<tr>
<td>Endocrine</td>
<td></td>
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</tbody>
</table>

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EMR 9
Chapter 4 Review

In the space provided, write the word or words that best complete each sentence.

1. When describing injuries to a patient, remember that the words right and left always refer to the __________ right and left.

2. To describe the anatomical position of the head in relation to the chest, you would say, “The head is __________ to the chest.”

3. A patient who is lying down on his abdomen is said to be in the __________ position.

4. The elbow is __________ to the shoulder, or farther away from the torso than the shoulder is.

5. A driver is experiencing __________ neck pain, or pain to the back of her neck, because her neck has forcefully impacted the headrest.

6. A left __________ __________ position means that the patient is lying on his left side. It is also called the recovery position.

7. The term __________ means inside the body.

8. The term __________ is used to describe being closer to the point of attachment, such as the elbow’s anatomical relation to the wrist.

9. The prefix ____________ is used to describe something as below normal or low.

10. The root __________ refers to the heart.

11. What bodily structures look like to the naked eye is called __________ anatomy.

12. The ____________ is the moveable part of the lower jaw.

13. The cervical spine has ______ vertebrae supporting the head and neck.

14. The anatomical name for the collarbone is the ____________.

15. The two bones of the lower leg are the ____________ and the ____________.
16. The muscle type that is found in the heart is called ____________ muscle.
17. Another name for the voice box is the ____________.
18. The ____________ are the superior chambers of the heart.
19. The ____________ blood cells are the ones that fight infection.
20. ____________ arteries supply the heart muscle with blood.
21. The outermost layer of the skin is called the ____________.
22. The voluntary nervous system is also called the ____________ nervous system.
23. ____________ are the blood vessels that carry blood back to the heart.
24. Chemicals that help to regulate various body systems are called ____________.
25. The fetus develops in the ____________.
True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. The left lateral recumbent position is also known as the recovery position.

2. The directions left and right always refer to the Emergency Medical Responder’s left and right.

3. The term lateral refers to a position farther away from the midline of the body.

4. The term superior means front and inferior means back.

5. Anatomically speaking, the elbow is distal to the wrist.

6. Internal refers to outside the body, and external refers to inside the body.

7. A wound to the forearm is distal to the wrist.

8. Superficial means toward the surface.

9. The terms anterior and ventral both mean toward the front.

10. The cranial cavity contains the great vessels.

11. The bladder and rectum are in the abdominal cavity.

12. The prefix that is used to describe something as being below normal or slow is tachy-.
Matching

Match each term on the left by placing its letter in the blank of the correct description or definition on the right. Each term is used only once.

[COMP: Set this in two columns, as per the direction line. Align turns with text.]

A. Physiology
B. Ligaments
C. Cranium
D. Vertebrae
E. Homeostasis
F. Humerus
G. Ilium
H. Radius
I. Respiration
J. Pharynx
K. Ventricles
L. Arteries
M. Red blood cells
N. Peripheral nervous system
O. Lymph nodes
P. Ureter
Q. Ovaries
R. Testicles
S. Dermis
T. Lumbar spine

1. Attach bone to bone
2. Glands that produce sperm
3. Middle layer of the skin
4. Blood cells that carry oxygen
5. Inferior chambers of the heart
6. Movement of air in and out of the lungs
7. Major bone of the pelvic girdle
8. The study of function
9. Five vertebrae forming the lower back
10. Bone of the upper arm
11. Another term for the throat
12. Nerves that transmit impulses to and from the central nervous system
13. Glands that store ovum
14. Vessels that carry blood away from the heart
15. Lateral bone of the lower arm
16. Bones that form the spinal column
17. The body’s state of balance between all the body processes
18. Carries urine from the kidneys to the urinary bladder
19. Organs of the lymphatic system where white blood cells filter the blood
20. Part of the skull containing the brain

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EMR 9
Handout 4-1: Chapter 4 Quiz
1. c
2. b
3. d
4. a
5. d
6. c
7. a
8. d
9. a
10. d
11. a
12. b
13. b
14. a
15. d
16. c
17. a
18. d
19. a
20. c
21. b
22. b
23. a
24. c
25. d

Handout 4-2a: The Call: Terminology Applied
1. Due to the height of the fall (18 feet) and the impact onto a hard surface, assume the possibility that all major body systems may have sustained injuries.
2. The wound is on the lateral surface of the patient’s left arm and superior to the elbow. This injury could also be described as being on the distal portion of the upper arm.
3. The upper thigh wound is on the anterior surface of the left lower extremity, superior to the patella (or over the distal part of the upper leg).

Handout 4-2b: The Call: Plate Glass Window vs. Partying Person
Charts should show the following information in these categories:
Respiratory: rapid breathing
Circulatory: bleeding and clotting
Nervous: pain
Integumentary: broken skin (cuts)
Endocrine: possibly, depending upon the extent of the trauma and the excitement of the patient
Handout 4-3: Chapter 4 Review
1. patient’s
2. superior
3. prone
4. distal
5. posterior
6. lateral recumbent
7. *internal*
8. *proximal*
9. *hypo-*
10. *cardio*
11. gross
12. mandible
13. seven (7)
14. clavicle
15. tibia, fibula
16. cardiac
17. trachea
18. atria
19. white
20. Coronary
21. epidermis
22. autonomic
23. Veins
24. hormones
25. uterus

Handout 4-4: True or False
1. T
2. F
3. T
4. F
5. T
6. F
7. F
8. T
9. T
10. F
11. T
12. F
Handout 4-5: Matching
1. B
2. R
3. S
4. M
5. K
6. I
7. G
8. A
9. T
10. F
11. J
12. N
13. Q
14. L
15. H
16. D
17. E
18. P
19. O
20. C

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EMR 9
Chapter 5: Principles of Lifting, Moving, and Positioning of Patients----Quiz

Circle the letter of the best answer to each multiple-choice question.

1. The correct and efficient use of your body to facilitate lifting and moving is called proper:
   a. yoga stance.
   b. daily routine.
   c. body mechanics.
   d. body alignment.

2. Back injuries are a common cause of disability for EMS professionals. Which of the following statements represent guidelines for safe lifting?
   a. Bend at your knees and hips, and keep your back straight
   b. Limit the lift to two team members
   c. Position your feet together
   d. Keep the weight about a foot from your body

3. The lifting technique used to lift a patient who is on a stretcher is called a:
   a. dead man’s lift.
   b. bilateral leg lift.
   c. power lift.
   d. provider assisted lift.

4. Which of the following represents an indication for an emergency move?
   a. Abdominal pain
   b. Decapitated patient
   c. Femur deformity
   d. Uncontrolled arterial bleed
5. The carry method used to move a patient with no suspected spine injury from a bed to a stretcher is:
   a. direct carry.
   b. indirect carry.
   c. extremity lift.
   d. dead lift.

6. A two-piece device often used to pick up patients with hip injuries or multiple injuries is the:
   a. stair chair.
   b. basket stretcher.
   c. scoop stretcher.
   d. spine board.

7. A patient who is in shock is placed on the stretcher. Which of the following positions would be most effective for this patient?
   a. Supine
   b. High Fowler’s position
   c. Semi-Fowler’s position
   d. Prone

8. An unresponsive patient with no suspected spine injury should be placed in:
   a. right lateral recumbent position.
   b. Semi-Fowler’s position.
   c. Trendelenburg position.
   d. recovery position.

9. During a log roll, which rescuer should give the signal to roll the patient?
   a. The rescuer controlling the pelvis.
   b. The rescuer positioning the long backboard.
   c. The rescuer positioned at the head.
   d. The rescuer positioned at the feet.
10. All of the following are steps in the patient restrain process EXCEPT:

   a. talk to the patient with a calm and clear voice.
   b. secure the patient in the prone position.
   c. check the patient’s airway, breathing, and circulation frequently after restraints have been applied.
   d. ensure the group only uses force required to effectively restrain the patient.

11. Which of the following is most likely caused by improperly restraining uncooperative or combative patients?

   a. Pneumonia
   b. Aneurysm
   c. Diarrhea
   d. Positional asphyxia

12. A method used to move a patient by placing him on a blanket or sheet and pulling it across the floor or ground is called:

   a. blanket drag.
   b. shoulder drag.
   c. fireman’s carry.
   d. direct ground lift.

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EMR 9
The Call: Plan to Act

Read the scenario. Then, in the space provided, answer the questions that follow.

A call comes into the station at 2200 hours. The dispatcher sends your engine crew (of three average sized professionals) to the home of an elderly “person fallen.” You enter the home and are directed to the bedroom by the patient’s wife to find an obese male patient on the floor. He is alert and oriented x3 and states “I’m not hurt; I just slipped off the bed while I was trying to put my socks on”. The patient states he weighs “about 500 lbs.” and requests that you assist him back into bed. Your physical exam reveals no apparent injuries. The patient continues to request assistance and states “I don’t need to go to the hospital, I just need help back in bed.”

1. What steps should you take before examining this patient? Why?

2. Should your crew attempt to move the patient? Why?

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Answer Key

Handout 5-1: Chapter 5 Quiz
1. c
2. a
3. c
4. d
5. a
6. c
7. a
8. d
9. c
10. b
11. d
12. a

Handout 5-2: The Call: Plan to Act
1. You should always protect yourself by wearing personal protective equipment; in this case probably gloves would be appropriate.
2. It may not be safe for the patient or the three-man crew to move this obese patient. Consider calling for more help and using lifting assistance devices if available (e.g. gait belts, etc.) In addition, consider the patient’s assessment, physical exam, and history to determine the patient’s need for further medical evaluation despite his claim that he is “not hurt”.

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EMR 9
Chapter 6: Principles of Effective Communication--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. An Emergency Medical Responder should position herself to communicate with a patient:
   a. above eye level.
   b. at eye level.
   c. well below eye level.
   d. at any level that is comfortable.

2. The personal space around a patient is ________ feet in all directions.
   a. 3
   b. 4
   c. 5
   d. 6

3. Which of the following is a barrier to communication?
   a. Good lighting
   b. Quiet
   c. Being at patient’s eye level
   d. Distractions

4. A(n) ________ question cannot be answered with a one-word answer.
   a. close-ended
   b. direct
   c. open-ended
   d. optional

5. Which of the following is NOT a pitfall in a successful patient interview?
   a. Providing false reassurance
   b. Interrupting a patient’s answer
   c. Letting the patient talk
d. Asking leading questions

6. The person who introduces the communication process is called the:
   a. receiver.
   b. sender.
   c. delayer.
   d. obstructer.

7. A two-way radio that can be carried on a belt is referred to as:
   a. portable.
   b. mobile.
   c. base.
   d. repeater.

8. If your patient has impaired hearing, you should:
   a. exaggerate when speaking.
   b. use very simple words.
   c. shout.
   d. ask a family member for help.

9. Which of the following is the best way to handle a patient who can’t communicate due to mental impairment?
   a. Don’t communicate; just transport to the closest hospital
   b. Ask another health care provider to tell you about the patient
   c. Keeping trying to communicate with the patient
   d. Use alternate forms of communication, such as sign language

10. Nonverbal communication may be relayed through our:
    a. words that we use.
    b. written messages.
    c. tone of voice.
    d. body language.

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EMR 9
The Call: Talking About Chest Pain

Read the scenario. Then, in the space provided, answer the questions that follow.

You are called to a 49-year-old male who is complaining of a sharp, stabbing pain in his chest. Upon your arrival, the man’s daughter introduces herself and leads you into the garage. There you see her father sitting on the floor with his fist clutched to his chest.

After a scene size-up, you approach the patient, introduce yourself, crouch down to his eye level, and ask him his name and age. “I am Roberto Gonzalez,” he replies. “I’m 49, but I feel like 100. Am I having a heart attack?”

You reply that you cannot make a diagnosis but that you will relay a description of his condition to the medical personnel who take him to the hospital. You listen carefully and take notes as he describes his chief complaint.

Your initial assessment shows that the patient is alert, but his breathing is rapid and shallow. You administer oxygen, explaining that it should help ease his breathing. Then, as you take the patient’s baseline vital signs (breathing—28; pulse—120, regular, bounding; BP—160/100), your partner begins a SAMPLE history, explaining the general purpose of her questions as she goes along.

1. What aspects of good communication are demonstrated in this scenario?

2. What information would you include in the transfer of patient information to the Paramedics who take over this patient’s care?

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EMR 9
Chapter 6 Review

In the space provided, write the word or words that best complete each sentence.

1. Communication that occurs between three or fewer participants is called __________ __________.

2. A type of communication that focuses on advancing the physical and emotional well-being of the patient is called __________ ____________.

3. When there is a ____________ of ____________, information about the assessment and care that an Emergency Medical Responder provides is handed off to incoming EMS providers or receiving hospital personnel.

4. When communicating with a person with impaired hearing, the Emergency Medical Responder should speak ____________.

5. A ____________ is a fixed antenna that is used to boost a radio signal.

6. A question that can be answered with a yes or no response is called a direct or ____________-___________ question.

7. Distractions or physical objects that impede assessment of care are called ____________ ____________ ____________.

8. ____________ ____________ is an area, approximately 3 feet around a patient, in which the patient feels relatively comfortable.

9. The ____________ is the thought, concept, or idea that is being transmitted during communication.

10. A(n) ____________ radio is a two-way device mounted in a vehicle.
Listing

Complete each listing activity on the lines provided.

1. List seven pitfalls that can interfere with a successful patient interview.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. List five general rules that an Emergency Medical Responder should follow when using a radio.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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EMR 9
Handout 6-1: Chapter 6 Quiz
1. b
2. a
3. d
4. c
5. c
6. b
7. a
8. d
9. b
10. d

Handout 6-2: The Call: Talking About Chest Pain
1. The Emergency Medical Responder introduces himself and crouches at the patient’s eye level. He does not guess at a diagnosis, but he does make an effort to provide as much information as possible in an honest and direct manner, showing the patient that he is engaged and is listening to what the patient is saying.
2. The following information should be transferred to the Paramedic:
   - Patient’s condition (initially & currently)
   - Patient’s age and sex
   - Chief complaint
   - Brief, pertinent history of what happened
   - How you found the patient
   - Relevant past medical and traumatic conditions
   - Vital signs
   - Pertinent physical exam findings
   - Care given and patient’s response to this care

Handout 6-3: Chapter 13 Review
1. Interpersonal communication
2. Therapeutic communication
3. transfer of care
4. normally
5. repeater
6. closed-ended
7. barriers to communication
8. Personal space
9. message
10. portable (mobile)

Handout 6-4: Listing
1. Any seven from the following list:
   - Not paying attention to a patient who is talking (active learning)
   - Talking with the patient when there are too many distractions
• Not having enough privacy
• Not having a comfortable enough environment
• Not giving the patient enough personal space
• Not answering the patient’s questions honestly
• Talking too much (not letting the patient talk)
• Interrupting the patient’s answers
• Giving the appearance that you are judging
• Asking leading questions
• Giving unwarranted or unauthorized advice
• Providing false reassurances
• Not using the best interview technique (not using open-ended or closed-ended questions when appropriate)

2. Any five from the following list:
• Speak slowly and clearly.
• Hold the radio (microphone) about 4 inches from the mouth.
• Speak on the radio only when necessary.
• Listen for other radio traffic before transmitting.
• Avoid using patient names and other confidential (protected) information on the radio.
• Speak professionally. (Avoid slang, jargon, humor, or EMS providers’ names.)
• Be sure that your radio battery is charged and/or have a spare available.
• Follow local radio procedure or protocols.

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EMR 9
Chapter 7: Principles of Effective Documentation--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. An Emergency Medical Responder makes sure the receiving health care professional is properly informed of the patient’s progression and care. This insures:
   a. productive education.
   b. continuity of care.
   c. quality assurance.
   d. legal precedence.

2. The part of the patient care report that includes the patient’s name, address, date of birth and sex is the:
   a. patient data section.
   b. run data section.
   c. narrative section.
   d. billing section.

3. Which of the following is a TRUE regarding narrative writing?
   a. It should contain subjective information
   b. It should contain conclusions you make from your observations
   c. It should contain the patient’s personal information
   d. It should contain objective information

4. All of the following regarding correcting errors is true EXCEPT:
   a. cross out the incorrect item with a single line.
   b. always initial the correction.
   c. white-out should be used.
   d. never completely cover the incorrect information.

5. Which of the following is NOT considered a form of electronic documentation?
   a. PDA
b. Laptop computer
c. Writing on paper with a lighted pen
d. Data-enabled cellular phone

6. Which of the following is the most important information about the patient that an Emergency Medical Responder should give when transferring care?

a. Name
b. Chief complaint
c. Date of birth
d. Physician

7. You are on a call with a patient who appears to be intoxicated. He is yelling profanity at you and your partner. He admits to drinking a fifth of whiskey over the day. Which of the following would be appropriate to document in your report?

a. The patient states he has had a “fifth of whiskey to drink”
b. The patient is drunk and using inappropriate language
c. The patient is violent and is probably intoxicated
d. The patient has a bad attitude and is being rude to the crew

8. Your patient care report may be called into a civil or criminal court due to the fact that:

a. any document may be presented.
b. it may be used to compile statistical data.
c. it contains personal patient information.
d. it is considered a legal document.

9. It is important to document thoroughly and accurately because:

a. patients expect a lengthy report.
b. if an action or intervention is not documented, it may be concluded that we did not actually perform an action or intervention.
c. the more that is documented, the more the patient can be billed.
d. lawyers are intimidated by lengthy patient care reports.

10. The _________ is the part of the patient care report (PCR) in which the Emergency Medical Responder documents that the patient has been turned over to an ambulance.

a. narrative
b. run data

c. patient data

d. disposition
Answer Key

Handout 7-1: Chapter 7 Quiz
1. b
2. a
3. d
4. c
5. c
6. b
7. a
8. d
9. b
10. d

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EMR 9
Chapter 8: Airway Management and Ventilation–Quiz

Circle the letter of the best answer to each multiple-choice question.

1. Which of the following happens during inhalation?
   a. The intercostal muscles expand
   b. The diaphragm rises and expands
   c. The diaphragm drops and flattens
   d. The chest wall relaxes

2. Which of the following is an anatomical difference between an adult patient and a child patient?
   a. Airway structures are less easily obstructed in the child
   b. The child has a larger mouth and nose
   c. The tongue of the child takes up proportionally more space in the mouth
   d. The airway structures may be more developed than in older adults.

3. Which of the following generally is considered to be the most accurate normal upper and lower respiratory rates for a child?
   a. 10–16 breaths/minute
   b. 25–50 breaths/minute
   c. 20–30 breaths/minute
   d. 15–30 breaths/minute

4. Stridor is an indication of which of the following?
   a. Obstruction of the upper airway
   b. Narrowing airway of the lungs
   c. Tongue blocking the airway
   d. Fluid in the lungs

5. Oxygenation refers to:
a. the process of moving air in and out of the body.
b. the process of using oxygen in the body and transporting waste products.
c. placing oxygen mask on a patient.
d. levels of oxygen in the blood that will be carried to the body.

6. The head-tilt, chin-lift maneuver is used to open the airway of:
   a. an unresponsive patient without a suspected spine injury.
   b. a responsive patient with a suspected spine injury.
   c. an unresponsive patient with a suspected spine injury.
   d. any patient who has a cervical collar in place.

7. How long should an adult patient who has vomited be suctioned?
   a. As long as necessary to clear the airway
   b. No more than 5 seconds
   c. No more than 15 seconds
   d. Only as long as it takes to back the catheter out of the patient’s mouth

8. An oropharyngeal airway (OPA) is inserted into the mouth in which of the following positions?
   a. Position of function
   b. Sideways along the cheek
   c. Upside down
   d. Under the tongue

9. A condition in which there is an insufficient level of oxygen in the blood and tissues is called:
   a. hypocarbia.
   b. apnea.
   c. hyperventilation.
   d. hypoxia

10. The leaf-shaped structure that prevents food and fluids from entering the trachea is called the:
    a. pharynx.
    b. larynx.
    c. epiglottis.
    d. diaphragm.
The Call: An Airway Emergency

Read the scenario. Then, in the space provided, answer the questions that follow.

You have been dispatched to the scene of a house fire. As you arrive at the scene, two firefighters are carrying a person from the residence. You immediately take your emergency medical equipment bag and AED to the side of the patient, who has been placed in a safe area.

Approaching the patient, you observe that she appears to be about 30 years old, is not moving, and has soot around her nose and mouth. She has not been exposed to fire or intense heat, only smoke.

1. What is the first thing you should do to evaluate the airway and breathing for this patient?

2. You determine that the patient has visible signs of secretions around the mouth and signs of inadequate breathing. How do you proceed?

3. What would you look for to indicate that the artificial ventilations being provided to this patient are adequate?

4. What would you look for to indicate that the artificial ventilations being provided to this patient are inadequate?

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EMR 9
Chapter 8 Review

In the space provided, write the word or words that best complete each sentence.

1. You can determine that a patient’s airway is __________ if she is alert and talking to you in a normal voice.

2. To determine the presence of breathing in an unresponsive patient, look for the __________ and __________ of the patient’s chest.

3. A sign that body tissues are not receiving enough oxygen is __________, or a blue discoloration of the patient’s skin or mucous membranes.

4. The __________ - __________ / __________ - __________ maneuver is recommended for opening the airway of a patient who does not have a head or spine injury.

5. The __________ - __________ maneuver is the safest approach for opening the airway of a patient with suspected spine injury.

6. Sounds that may indicate an airway obstruction include snoring, __________, __________, and __________.

7. __________ are observed when a patient is working to breathe and the skin appears to be “sucking in” between the ribs, around the clavicles, and above the sternum.

8. A patient who can speak only a few words at a time may be in significant ________ distress.

9. An oropharyngeal airway may be used to help maintain the open airway of an unresponsive patient who has no __________ reflex.

10. The Sellick maneuver compresses the esophagus so that __________ is less likely.
Handout 8-4

Student’s Name __________________________

Listing

Complete each listing activity on the lines provided.

1. List five major components of the respiratory system.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. List the steps in performing a head-tilt/chin-lift maneuver.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. List three unusual sounds that may indicate an airway obstruction.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. List five signs of respiratory distress.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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EMR 9
Answer Key

Handout 8-1: Chapter 8 Quiz
1. c
2. c
3. d
4. a
5. d
6. a
7. c
8. c
9. d
10. c

Handout 8-2: The Call: An Airway Emergency
1. Determine if the patient’s airway is open, using a jaw-thrust maneuver if there is a possibility that she fell, and then determine if she is breathing adequately.
2. Make sure that you use standard precautions. Suction secretions as needed; then provide artificial ventilation using appropriate technique. Administer oxygen as permitted by local protocol.
3. Rate is adequate; force of air is consistent; patient’s heart rate decreases or returns to normal; patient’s color improves.
4. Chest does not rise and fall with each ventilation; ventilation rate is too fast or too slow; heart rate does not decrease or return to normal.

Handout 8-3: Chapter 8 Review
1. patent (open, clear)
2. rise, fall
3. cyanosis
4. head-tilt/chin-lift
5. jaw-thrust
6. wheezing, gurgling, stridor
7. Retractions
8. respiratory
9. gag
10. vomiting

Handout 8-4: Listing
1. nose and mouth, pharynx, trachea and larynx, bronchi and lungs, diaphragm
2. The steps are as follows:
   • Position your hand on the patient’s forehead.
   • Tilt the head back by applying backward pressure with the palm of your hand.
   • Position the fingertips of your other hand under the bony part of the patient’s lower jaw.
   • Lift the chin forward.
   • At the same time, support the jaw and tilt the head back.
   • Continue to press the other hand on the patient’s forehead in order to keep the head tilted back.
3. snoring, gurgling, stridor
4. noisy breathing (such as wheezing, bubbling, or gurgling); use of accessory muscles in neck and chest; anxiety or restlessness; poor skin color or cyanosis; chest trauma

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EMR 9
Chapter 9: Oxygen Therapy--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. The amount of air in the environment is about:
   a. 5 percent.
   b. 100 percent.
   c. 21 percent.
   d. 35 percent.

2. A device that moistens the air in an oxygen delivery system is called a(n):
   a. vaporizer.
   b. regulator.
   c. humidifier.
   d. pressurizer.

3. Which of the following is the best method of determining how much oxygen remains in a tank?
   a. Check the pressure regulator
   b. Lift the tank to see if it is full
   c. Tap on the bottom of the tank with a wrench
   d. Check the pressure gauge

4. All of the following are oxygen safety guidelines EXCEPT:
   a. open and close the valves quickly.
   b. tighten all valves and connections hand-tight only.
   c. never allow smoking around oxygen equipment.
   d. always ensure that the O ring is in good condition.

5. The process of testing high-pressure cylinder is called:
   a. hemodynamic test.
b. hydrodynamic test.
c. hydraulic test.
d. hydrostatic test.

6. The device that sits over the oxygen port and serves as a gasket and ensures an airtight seal between the regulator and the tank valve is the:

a. O ring.
b. G ring.
c. regulator.
d. expander.

7. To deliver 45 percent oxygen via nasal cannula, you would set the flow rate at:

a. 2 LPM.
b. 4 LPM.
c. 6 LPM.
d. 8 LPM.

8. A nasal cannula flowing at 4 liters a minute will deliver what concentration of oxygen?

a. 29 percent
b. 33 percent
c. 37 percent
d. 41 percent

9. The proper oxygen flow setting for a bag-mask device is:

a. 6 LPM.
b. 8 LPM.
c. 10 LPM.
d. 15 LPM.

10. When a nasal cannula is used to deliver oxygen, the maximum flow rate that should be used is:

a. 2 LPM.
b. 4 LPM.
c. 6 LPM.
d. 8 LPM.
Answer Key

Handout 9-1: Chapter 9 Quiz
1. c
2. c
3. d
4. a
5. d
6. a
7. c
8. c
9. d
10. c

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Chapter 10: Resuscitation and the Use of the Automated External Defibrillator--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. After _______ minutes without a pulse, irreversible damage occurs to the patient’s brain.
   a. 1 to 2
   b. 2 to 3
   c. 4 to 6
   d. 8 to 10

2. To determine pulselessness in an adult patient, palpate the _______ pulse. In an infant, palpate the _______ pulse.
   a. carotid, brachial
   b. tibial, cartotid
   c. pedal, carotid
   d. brachial, tibial

3. Your patient is a 58-year-old male. He is unresponsive, breathless, and pulseless. You should perform CPR at the rate of _______ compressions per minute.
   a. 100
   b. 60
   c. 80
   d. 40

4. In CPR, the rate of compressions for adult, child, and infant is how many per minute?
   a. 60.
   b. 80.
   c. 100.
   d. 40.
5. A adult patient is receiving CPR and is receiving ventilations by a bag-mask device. Which of the following is correct?
   a. The compression rate is 80 per minute
   b. Pause compressions to perform ventilations
   c. Defibrillations can no longer be performed
   d. The ventilation rate is 10 to 12 per minute

6. Which of the following is an important factor to ensure that the best quality CPR is being performed?
   a. Interruption of compressions can be up to 30 seconds
   b. Full recoil of the chest should occur with each compression
   c. Push at a moderate rate with a depth of no more than 1 inch
   d. Switch doing compressions only when absolutely necessary

7. _______ is the application of an electric shock to correct lethal heart arrhythmias.
   a. Reanimation
   b. Defibrillation
   c. Artificial conduction
   d. Cardiopulmonary resuscitation

8. An AED may be used in any patient older than:
   a. 1 year.
   b. 8 years.
   c. 12 years.
   d. 14 years.

9. _______ is a heart rhythm that requires a shock from an AED.
   a. Ventricular fibrillation
   b. Asystole
   c. Pulseless electrical activity (PEA)
   d. Heart block

10. Typically AED adhesive pads should be placed with one on the upper _______ chest and the other one on the patient’s side a few inches below the _______ armpit.
11. You find a patient who was down for four to five minutes prior to your arrival. For how many minutes should you perform CPR before applying the AED?

   a. 5
   b. 4
   c. 3
   d. 2

12. The compression to ventilation ratio in pediatric two-rescuer CPR is:

   a. 30:2.
   b. 10:2.
   c. 15:2.
   d. 20:1.
The Call: Using the AED

Read the scenario. Then, in the space provided, answer the questions that follow.

You and your partner respond to a call regarding an unconscious male about 50 years of age in an office building. When you arrive at the scene, the patient’s secretary hurries you into an office. There you see a man lying on the floor next to a desk.

“I heard Mr. Jones yell in pain,” explains the secretary. “I rushed into his office, but he was already passed out on the floor.” You conduct an assessment of the patient and determine that he is unresponsive, breathless, and pulseless. The Paramedics are en route.

1. What should you and your partner do first?

2. What should you do next?

3. After delivering the first shock, what should you do?
Chapter 10 Review

In the space provided, write the word or words that best complete each sentence.

1. Minimal gasping respirations are known as ____________ breathing.

2. ____________ is the ultimate finding for cardiac arrest.

3. When checking the carotid pulse, you should feel for at least _____ seconds and no more than _____ seconds.

4. With a suspected cardiac arrest in an infant, check for a pulse by feeling the ____________ artery.

5. Give pediatric ventilations ____________ over one second, with enough air to make the chest rise.

6. During CPR, compress the chest straight down and then allow ____________ recoil.

7. During adult CPR, quality compressions should produce a ____________ carotid pulse.

8. A pediatric patient with a heart rate of less than 60 is not perfusing; therefore, ____________ must be done.

9. The small protrusion at the end of the sternum is called the ____________ ____________.

10. Take steps to keep a pediatric patient warm while doing CPR because ____________ can be a major complication.

11. Only ventricular ____________ and ventricular ____________ respond to defibrillation.

12. The American Heart Association states that an AED should be attached to any patient in cardiac arrest over the age of _____ ____________.

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Listing

Complete each listing activity on the lines provided.

1. List the four “links” in the American Heart Association “chain of survival.”

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. List four signs of cardiac arrest.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. List five components for quality compressions in adult CPR.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. List the three steps for clearing a patient when an AED states a shock is advised and before pressing the shock button.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. List two reasons for NOT starting CPR.

________________________________________________________________________
________________________________________________________________________
Answer Key

Handout 10-1: Chapter 10 Quiz
1. c
2. a
3. a
4. c
5. b
6. b
7. b
8. a
9. a
10. b
11. d
12. c

Handout 10-2: The Call: Using the AED
1. Have your partner start CPR while you set up the AED unit.
2. This is considered an unwitnessed cardiac arrest as the patient was probably in arrest for longer than four to five minutes. Therefore, CPR should be performed for two minutes. Turn on the AED, stop CPR, and get clear of the AED as it analyzes the heart rhythm. If a shock is advised, clear all others from the patient and deliver the shock.
3. Immediately after the shock, resume CPR for two minutes. The AED will prompt you to repeat the analysis; if another shock is advised, then deliver a shock after you and your team have cleared the patient.

Handout 10-3: Chapter 10 Review
1. agonal
2. Pulselessness
3. 5, 10
4. brachial
5. slowly
6. full
7. faint
8. CPR
9. xiphoid process
10. hypothermia
11. fibrillation, tachycardia
12. One year

Handout 8-4: Listing
1. early access; early CPR; early defibrillation; early advanced care
2. unresponsive mental status; no breathing (apnea); cyanosis; no pulse; no movement by patient
3. patient position; hand position; provider position; depth (allowing for full recoil of chest); rate (pushing hard and fast)

4. Clear yourself; instruct all members of the team to clear the patient; visually inspect to ensure that all members of the team have cleared the patient.

5. obvious death (rigor mortis, dependent lividity, decapitation); presence of a do not resuscitate (DNR) order
Chapter 11: Obtaining a Medical History and Vital Signs--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. A finding that is relayed from the patient but that cannot be observed or measured is a(n):
   a. sign.
   b. suspicion of cause.
   c. symptom.
   d. objective discovery.

2. The “P” in SAMPLE history stands for:
   a. past medical history.
   b. pharmaceuticals used.
   c. present illnesses.
   d. primary complaint.

3. Taking multiple vital signs over time is referred to as:
   a. repetitive evaluation.
   b. trending.
   c. baseline shifting.
   d. redundancy.

4. Which of the following senses is usually NOT used when assessing vital signs?
   a. Sight
   b. Hearing
   c. Touch
   d. Smell

5. ________ is the adequate supply of well-oxygenated blood to all parts of the body.
   a. Circulation
   b. Refilling
   c. Perfusion
   d. Trending
6. Finding a radial pulse in an infant is difficult, so a ________ pulse is more commonly taken.
   a. femoral
   b. brachial
   c. carotid
   d. pedal

7. Cyanosis is a sign of:
   a. liver disease.
   b. distress.
   c. high fever.
   d. severe hypoxia.

8. A capillary refill test is considered to be most accurate when used with which age group?
   a. Under 6 years
   b. Adolescents
   c. Elderly, over 60 years
   d. Middle age, between 30 and 50 years

9. The process of comparing multiple sets of vital signs from the same patient over time is called:
   a. measuring.
   b. trending.
   c. estimating.
   d. guessing.

10. The normal pupil reaction to a penlight is to:
    a. get larger.
    b. remain the same size.
    c. get smaller.
    d. fluctuate.
The Call: Signs of Illness

Read the scenario and answer the questions that follow.

You are finishing morning chores at the firehouse when the dispatcher announces a call on the PA system: “Squad 1, report of a 73-year-old female having difficulty breathing at the Twin Oaks Senior Center. An ALS ambulance has been dispatched with an ETA of 15 minutes. The time is now 0915 hours.”

You arrive at the scene in five minutes and find your patient sitting on the edge of her bed, leaning forward. She is very pale. When you ask her name, she seems to be able to answer you only in a whisper. You perform an initial assessment and decide to administer oxygen to the patient. As you do so, your partner takes her vital signs. He finds that her respiratory rate is 32 breaths per minute, with increased effort to breathe. Her pulse rate is 100 beats per minute.

1. Are these vital signs normal? Explain your answer.

While your partner continues to monitor the patient’s vital signs, you radio your assessment findings to the incoming Paramedics. They tell you to continue administration of oxygen and to make sure that the AED is immediately available.

2. When you hand off the patient to the Paramedics, will a patient history be helpful? Why or why not?
Chapter 11 Review

In the space provided, write the word or words that best complete each sentence.

1. A patient with who is suffering a narcotic overdose would be expected to have __________ pupils.
2. __________ pressure is the pressure of the contraction of the heart.
3. A pulse oximeter reading below ______ percent can indicate low levels of oxygen in the blood.
4. __________, cool, and pale skin can be a sign of shock.
5. Do not use your __________ when taking a pulse because you might feel your own pulse.
6. Rapid, labored, and gasping are all terms used to describe the __________ of respirations.
7. A sphygmomanometer is more commonly known as a(n) __________ __________ __________.
8. The “L” in SAMPLE history stands for __________ __________ __________.
9. The __________ __________ __________ is the force that was applied to the patient to cause the trauma.
10. A(n) __________ is something that is observed while assessing a patient.
True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

______ 1. A symptom is something that is observed or measured.

______ 2. The “M” in SAMPLE history stands for medications.

______ 3. The primary assessment must be completed before baseline vital signs are taken.

______ 4. A palpable pressure is called a pulse.

______ 5. Snoring, stridor, and gurgling are all sounds of lower airway disease.

______ 6. Cyanosis can be a sign of heatstroke.

______ 7. Diastolic pressure is the pressure of the relaxation of the heart.

______ 8. Dilation of the pupils is a sign of shock.

______ 9. Carbon monoxide poisoning does not affect a pulse oximeter reading.

______ 10. Deflate a blood pressure cuff slowly—approximately 2 mmHg per second.

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Answer Key

**Handout 11-1: Chapter 11 Quiz**
1. c
2. a
3. b
4. d
5. c
6. b
7. d
8. a
9. b
10. c

**Handout 11-2: The Call: Signs of Illness**
1. No, the signs are not normal. The normal respiratory rate for an adult is 12 to 20 breaths per minute. The normal pulse rate for an adult is 60 to 80 beats per minute. This patient’s respiratory and pulse rates are too high.
2. Yes. The events leading up to the emergency, as well as pertinent parts of the patient’s medical history, can help health care providers determine what kind of immediate and long-term care this patient may need.

**Handout 11-3: Chapter 11 Review**
1. constricted
2. Systolic
3. 95
4. Moist
5. thumb
6. quality
7. blood pressure cuff
8. last oral intake
9. mechanism of injury
10. sign

**Handout 11-4: True or False**
1. F
2. T
3. T
4. T
5. F
6. F
7. T
8. T
9. F
10. T

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*EMR 9*
Chapter 12: Principles of Patient Assessment--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. The general assessment technique that involves feeling patients with one’s hands is called:
   a. auscultating.
   b. observation.
   c. palpating.
   d. scanning.

2. The “T” in the “DCAP-BTLS” mnemonic stands for:
   a. Tenderness.
   b. Tactile.
   c. Time of injury.
   d. Toxic.

3. Manual _______ is the technique used to keep the head and neck aligned when the patient has a suspected neck injury.
   a. traction
   b. stabilization
   c. repositioning
   d. blocking

4. The first part of the head-to-toe examination is:
   a. palpate.
   b. auscultate.
   c. evaluate.
   d. inspect.

5. Accessory muscle use in the neck is an indication of:
   a. high blood pressure.
   b. blood backing up from the heart.
   c. neck injury.
   d. difficulty breathing.
6. Which of the following is an example of a penetrating wound?
   a. Being hit with a baseball bat
   b. Falling off a ladder and landing on a driveway
   c. Being repeatedly stabbed with a knife
   d. Hitting the handlebars of a motorcycle

7. When palpating a patient, NEVER do which of the following?
   a. Palpate past the point at which patient feels pain
   b. Palpate an area more than once
   c. Palpate an area that a patient states is OK
   d. Palpate before taking the patient’s vital signs.

8. The protection of an area of injury or pain by the patient is called:
   a. deviation.
   b. guarding.
   c. disjointedness.
   d. aplasticity.

9. Which of the following is the Emergency Medical Responder expected to do after completing the secondary assessment?
   a. Find someone who can start providing care
   b. Notify his supervisor of medical findings
   c. Retrieve the necessary equipment to start treatment
   d. Provide a report of findings to an EMT or Paramedic

10. Which of the following is the most appropriate way to handle a patient with disabilities?
    a. Do not change or modify assessment in any way
    b. Use technical medical terms
    c. Modify the exam to explain what you are doing
    d. Talk down to the patient

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Handout 12-2          Student’s Name ____________________________
The Call: A Challenging Assessment and Patient History

On a cool fall Tuesday evening, the dispatcher tells you to respond to the new senior assisted living center for a 75-year-old female patient who is reportedly “not acting right.” The call came in from a neighbor, and very little information is available. A Paramedic ambulance also has been dispatched, but its ETA is at least 10 to 15 minutes behind you.

You arrive to find your patient sitting in a chair. The neighbor who called 911 tells you that the patient’s name is Edith O’Hare. When you introduce yourself, Edith states, “I can’t hear well, and my hearing aid is broken.” You realize that this will be challenging because Edith seems to have some difficulty breathing, appears confused, and winces periodically. When asked why she is wincing, Edith states that her chest hurts. In addition, she tells you not to take her to the hospital because that is where people go to die. However, she does allow you to complete the primary assessment and move on to attempting to get a set of vital signs and a SAMPLE history. Another challenge presents itself in that Edith is wearing a heavy jacket because she says that she is cold. As you start to take the vital signs, Edith continues to ask who you are again and what you are doing. Just then, your radio receives a transmission from the ambulance, reporting that they have arrived at the scene.

1. What are four things that might make this assessment somewhat challenging?

2. What presenting problems does this patient have that might indicate that a serious hidden condition exists?

3. What are some of the techniques that you should consider using in order to obtain the SAMPLE history if the patient is confused or is uncooperative?

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Chapter 12 Review

In the space provided, write the word or words that best complete each sentence.

1. Once the Emergency Medical Responder has completed a scene size-up and primary assessment, he should begin the ______________ ______________.

2. Patient history, hands-on assessment, and ______________ ______________ are all part of the secondary assessment.

3. The Emergency Medical Responder should always focus on life threats such as ______________ before beginning the secondary assessment.

4. The three general techniques for assessment are ______________, ______________, and ______________.

5. An obvious painful injury, such as a broken bone, can be a(n) ______________ injury when it causes the Emergency Medical Responder to focus her attention there and not assess for other possible injuries.

6. The “D” in the “DCAP-BTLS” mnemonic stands for ______________.

7. When a patient is suspected of having a neck injury, ______________ ______________ should be done for the head and neck.

8. The unevenness that is seen in a patient, in which one side appears different from the other, is called ______________.

9. A(n) ______________ is a surgical opening in the neck through which a patient can breathe.

10. When assessing the circulation of extremities, the Emergency Medical Responder should evaluate ______________, ______________ ______________, and ______________ color.
Chapter 12 Listing Secondary Assessment Basics

Complete each listing activity on the lines provided.

1. List the three general techniques of assessment and the sense (seeing, hearing, touching) used for each.

<table>
<thead>
<tr>
<th>TECHNIQUE</th>
<th>SENSE</th>
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2. List what each of the letters in the “BTLS” mnemonic stands for.

   B _________________________
   T _________________________
   L _________________________
   S _________________________

3. List five patient presentations that can be indications of a serious hidden condition.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

4. Certain factors can potentially make assessment more difficult or inaccurate. List four of these factors (for example, confusion and excitement at the scene).

   __________________________________________
Answer Key

Handout 12-1: Chapter 12 Quiz
1. c
2. a
3. b
4. d
5. d
6. c
7. a
8. b
9. d
10. c

Handout 12-2: The Call: A Challenging Assessment and Patient History
1. any four: possible patient confusion; patient fearfulness; altered mental status; hearing disability; heavy clothing; geriatric patient
2. altered mental status; difficulty breathing; chest pain/discomfort
3. Techniques include the following:
   • Asking the person who called 911
   • Seeing if another neighbor (friend) is in the residence facility
   • Checking to see if there is a medical information sheet in the residence
   • Determining if there is a relative to call or an emergency contact number
   • Calling the patient’s doctor as resources, time, and local protocol allow

Handout 12-3: Chapter 12 Review
1. secondary assessment
2. vital signs
3. ABCs
4. observation, auscultating, palpating
5. distracting
6. deformity
7. manual stabilization
8. asymmetry
9. stoma
10. pulse, capillary refill, skin

Handout 12-4: Chapter 12 Listing Secondary Assessment Basics
1. Observation — looking
   Auscultating — hearing/listening
   Palpating — touching/feeling
2. Burns
   Tenderness
   Lacerations
   Swelling
3. any five: a significant mechanism of injury; altered mental status; pale, cool and sweaty skin; chest pain or discomfort; difficulty breathing; severe pain; elevated pulse rate; elevated respiratory rate
4. any four: patients who are fearful or in denial; altered mental status; patients with disabilities; heavy clothing; distracting injuries; differences among ages (pediatric and geriatric patients)

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Chapter 13: Caring for Cardiac Emergencies--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. The term cardiac _______ describes specific signs and symptoms that indicate some type of emergency relating to the heart.
   a. syndrome
   b. condition
   c. dysfunction
   d. compromise

2. The oxygenated blood supply for the heart is provided by which blood vessels?
   a. The inferior and superior vena cava
   b. The coronary arteries
   c. The lymphatic vascular system
   d. The aortic veins

3. A condition that results when the blood supply to a portion of the heart is interrupted is called a(n):
   a. myocardial infarction.
   b. cardiac compromise.
   c. angina pectoris.
   d. cardiac standstill.

4. In the condition known as ________, a patient has difficulty breathing because inefficient beating of the heart causes fluid to build up in the lungs.
   a. chronic obstructive pulmonary disease
   b. asthma
   c. congestive heart failure
   d. pneumonia

5. A _______ occurs when one of the coronary arteries is blocked, preventing blood from getting to heart muscle.
6. Which of the following is NOT one of the three basic problems that generally cause cardiac conditions?

a. Interruption of blood flow to the heart muscle
b. Interruption of nerve pulses from the brain
c. Problems with the heart’s rhythm
d. Problems with the heart’s pumping

7. A 55-year-old patient is complaining of pain in his neck, back, and jaw. He also states that he feels nauseated and light-headed. You should suspect a(n) ________ emergency.

a. cardiac
b. hyperventilation
c. respiratory
d. ulcer

8. In the mnemonic OPQRST, used to assist with the evaluation of a patient in discomfort, the “P” stands for:

a. Pulse.
b. Palpitation.
c. Pain.
d. Provocation.

9. A patient with chest pain and discomfort should be considered unstable and should be monitored frequently, with reassessment at least every ________ minutes.

a. 10
b. 5
c. 20
d. 15

10. A patient who has taken their prescribed nitroglycerin for chest pain may experience the side effect of:
a. hypertension.
b. pulmonary edema.
c. hypotension.
d. hyperventilation.
The Call: Chest Pain

Read the scenario. Then, in the space provided, answer the questions that follow.

Your unit has just received a call from the emergency medical dispatcher. A 53-year-old man reports chest pain. You and your partner head to the scene, arriving ten minutes after the call.

Upon entry into the house, you find the patient sitting on the couch. He appears sweaty, anxious and is holding his left chest. You position yourself at eye level with the patient and try to calm him. You introduce yourself and explain that you will need to ask several questions. From your questions, you learn that the patient has a history of high blood pressure and smokes about a pack a day. However, he has not taken his antihypertensive medication for “several months”.

Your assessment reveals that the patient’s pain began while mowing the lawn. He has been experiencing pain for 20 minutes and has become worse despite rest. He is obviously restless. Your partner takes vital signs. While taking vitals, your partner tells you that the patient’s skin is cool and moist.

1. What signs of cardiac compromise is this patient showing?

2. What care should be provided to this patient?

3. What information should the handoff report include?
Chapter 13 Review

In the space provided, write the word or words that best complete each sentence.

1. Pain from angina pectoris may be ____________ or ____________ __________.

2. Chest discomfort during a myocardial infarction may last longer than ____________ minutes.

3. Patients that may experience non-classic signs and symptoms during a cardiac-related event include ____________, ____________ and ____________.

4. Swelling in the lower extremities is called ____________ ____________.

5. In the mnemonic OPQRST, the word ____________ is used to determine how bad the pain is.

6. The symptom of pain for a patient having a possible myocardial infarction is that the pain may radiate to the ____________, ____________, or ____________.

7. The ____________ ____________ receives oxygenated blood from the lungs.

8. Presented with a patient with chest pain, the Emergency Medical Responder will not be able to differentiate a myocardial infarction from ____________ ____________.

9. Elderly patients suffering from congestive heart failure may have ____________ complaints.

10. When the right side of the heart fails, fluid may accumulate in ____________ places such as ankles.
Listing

Complete each listing activity on the lines provided.

1. List what the letters in the mnemonic OPQRST stand for and what question to ask the patient for each one.

   O __________ ______________________________________________________
   P __________ ______________________________________________________
   Q __________ ______________________________________________________
   R __________ ______________________________________________________
   S __________ ______________________________________________________
   T __________ ______________________________________________________

2. List five questions to ask a patient who is in cardiac compromise.

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
Answer Key

Handout 13-1: Chapter 13 Quiz
1. d
2. b
3. a
4. c
5. c
6. b
7. a
8. d
9. b
10. c

Handout 13-2: The Call: Difficulty Breathing
1. chest discomfort, anxiety, triggered on exertion, pain not relieved by rest, cool and moist skin
2. Care should include the following:
   • Make sure that the patient is in a position of comfort.
   • Provide oxygen.
   • Reassure the patient.
   • Monitor the patient carefully for changes in condition.
3. The following information should be included:
   • Patient’s condition (initially & currently)
   • Patient’s age and sex
   • Chief complaint
   • Brief, pertinent history of what happened
   • How you found the patient
   • Relevant past medical and traumatic conditions
   • Vital signs
   • Pertinent physical exam findings
   • Care given and patient’s response to this care

Handout 13-3: Chapter 13 Review
1. Substernal/across chest
2. ten
3. women, diabetes, elderly
4. pedal edema
5. severity
6. neck, back, jaw
7. left atria
8. angina pectoris
9. vague
10. dependent

Handout 13-4: Listing
1. Onset What were you doing when the pain came on?
   Provocation Were you doing anything that made the pain come on or get worse?
   Quality Can you describe the pain in your own words?
   Region Where is the pain exactly?
   Severity How bad is the pain? (Use a 1–10 scale.)
   Time How long have you had the pain?

2. Any five from the following list:
   • Do you have chest pain?
   • Are you short of breath?
   • Have you gained weight in the last several days?
   • Have you noticed any fluid accumulation in your body?
   • Are there signs of illness such as fever, cough, or chills? Is the cough productive—and, if so, what color is the sputum?
   • Do you have any pain, heaviness, or discomfort in your chest, neck, jaw, arms, or back?
   • Does it hurt when you breathe? When you take a deep breath?

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Chapter 14: Caring for Respiratory Emergencies--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. A sign of respiratory distress known as ________ occurs when abdominal and neck muscles are used for breathing.
   a. anterior muscle use
   b. additional muscle use
   c. ancillary muscle use
   d. accessory muscle use

2. The general term referring to the inability to breathe adequately is called:
   a. hypoxia.
   b. respiratory compromise.
   c. respiratory arrest.
   d. respiratory failure.

3. A patient with asthma may make what type of sound when breathing—a sound that sometimes can be heard even without a stethoscope?
   a. Wheezing
   b. Rhonchi
   c. Rales
   d. Stridor

4. Muscles of the neck, chest, and abdomen that can assist during respiratory difficulty are called:
   a. pulmonary muscles.
   b. respiratory muscles.
   c. accessory muscles.
   d. pleural muscles.

5. A respiratory condition that includes asthma, chronic bronchitis, and emphysema is called:
a. respiratory synsytial virus.
b. viral pneumonia.
c. chronic obstructive pulmonary disease.
d. pulmonary fibrosis.

6. A condition characterized by narrowing of the air passages and wheezing is called:
   a. bronchitis.
   b. asthma.
   c. pneumonia.
   d. tuberculosis.

7. A condition of the lungs characterized by inflammation of the bronchial airways and mucus formation is called:
   a. bronchitis.
   b. tuberculosis.
   c. influenza.
   d. pneumothorax.

8. Patients experiencing shortness of breath often place themselves in a sitting position with their hands on their knees and shoulder arched upward. This is called:
   a. Lateral position
   b. Fowler’s position
   c. Trendelenburg position
   d. Tripod position

9. A prescribed medication device that stores and delivers medicine to a patient’s lungs when administered is called a:
   a. Bronchodilator tube (BDT)
   b. Metered Dose Inhaler (MDI)
   c. Glucometer
   d. Pulse oximeter

10. An Emergency Medical Responder is sent on a call for a patient who complains of chest congestion and a cough that brings up sputum. The patient also has a fever,
feels weak, and complains of pain in the chest. Based on this information, what seems to be the most likely problem?

a. Emphysema  
b. Pulmonary edema  
c. Pneumonia  
d. Chronic bronchitis
The Call: Difficulty Breathing

Read the scenario. Then, in the space provided, answer the questions that follow.

Your unit has just received a call from the emergency medical dispatcher. A 73-year-old man reports difficulty breathing. You and your partner head to the scene, arriving seven minutes after the call.

Upon entry into the house, you find the patient sitting in a chair, leaning forward with his hands on his knees. He appears to be anxious, is using accessory muscles to breathe, has difficulty speaking in full sentences, and tells you, “Chest tight.” You position yourself at eye level with the patient and try to calm his fears. You introduce yourself and explain that you will need to ask several questions. From your questions, you learn that the patient has a history of emphysema and that he takes a combination of medications for it. However, he has not taken these medications for several days according to the medication chart, and his neighbor tells you that he sometimes is forgetful.

Your assessment reveals that the patient is talking but doesn’t seem alert, for he keeps asking why you are in his house. He is obviously restless. Your partner takes vital signs and has difficulty counting respirations because there is little chest movement. While taking vitals, your partner tells you that the patient’s skin is cool and moist.

1. What signs of respiratory distress is this patient showing?

2. What care should be provided to this patient?

3. What information should the handoff report include?
Chapter 14 Review

In the space provided, write the word or words that best complete each sentence.

1. A collapsed lung is called a(n) ____________.

2. A patient having difficulty breathing might be found in the ____________ position, meaning that she is leaning forward with one hand on each knee.

3. Emphysema and chronic bronchitis are considered ____________ ____________ diseases.

4. A common breath sound that is heard with an asthma “attack” is ____________.

5. In the mnemonic OPQRST, the word ____________ is used to determine how bad the pain is.

6. A temporary condition characterized by uncontrolled, rapid, deep breathing that is usually self-correcting is called ____________.

7. A bluish discoloration of the tissues caused by lack of sufficient oxygen in the blood is known as ____________.

8. When a patient’s breathing rate becomes too slow or too shallow, ____________ ____________ ____________ may be necessary.

9. Patients with a history of respiratory problems may be prescribed medication in the form of a ____________ ____________ ____________.

10. Side effects of bronchodilators include an ____________ pulse rate.

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Handout 14-4

Student’s Name _________________________

Listing

*Complete each listing activity on the lines provided.*

1. List the correct steps in assisting a patient with administering a Metered-Dose Inhaler.

   Step:
   1. __________________________________________________________
   2. __________________________________________________________
   3. __________________________________________________________
   4. __________________________________________________________
   5. __________________________________________________________
   6. __________________________________________________________
   7. __________________________________________________________
   8. __________________________________________________________
   9. __________________________________________________________
  10. __________________________________________________________

2. List five questions to ask a patient who is in respiratory distress.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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Answer Key

Handout 14-1: Chapter 14 Quiz
1.  d
2.  b
3.  a
4.  c
5.  c
6.  b
7.  a
8.  d
9.  b
10. c

Handout 14-2: The Call: Difficulty Breathing
1. altered mental status, unable to speak in full sentences, minimal chest movement, tripoding, cool and moist skin
2. Care should include the following:
   • Make sure that the patient is in a position of comfort.
   • Provide oxygen.
   • Be prepared to assist ventilation with BVM if the patient’s breathing is inadequate.
   • Reassure the patient.
   • Monitor the patient carefully for changes in condition.
3. The following information should be included:
   • Patient’s condition (initially & currently)
   • Patient’s age and sex
   • Chief complaint
   • Brief, pertinent history of what happened
   • How you found the patient
   • Relevant past medical and traumatic conditions
   • Vital signs
   • Pertinent physical exam findings
   • Care given and patient’s response to this care

Handout 14-3: Chapter 14 Review
1. pneumothorax
2. tripod
3. chronic obstructive pulmonary
4. wheezing
5. severity
6. hyperventilation
7. cyanosis
8. positive pressure ventilations
9. metered dose inhaler
10. increased
Handout 14-4: Listing

1. Correct Steps for administering an MDI

1) Obtain an order from medical direction.
2) Confirm the patient is alert enough to use inhaler.
3) Verify it is the patient’s own prescription. (may be done prior to calling medical direction)
4) Check expiration date of inhaler (may be done prior to calling medical direction)
5) Check if patient has already taken any doses (may be done prior to calling medical direction)
6) **Attach spacer/chamber and** shake inhaler vigorously several times.
7) Instruct patient to exhale deeply.
8) Instruct patient to place lips around inhaler.
9) Have patient depress device upon deep inhalation
10) Allow patient to hold breath for about 10 seconds

2. Any five from the following list:
   - Do you have trouble lying flat?
   - Do you get winded or short of breath when you are active?
   - Have you gained weight in the last several days?
   - Have you noticed any fluid accumulation in your body?
   - Are there signs of illness such as fever, cough, or chills? Is the cough productive—and, if so, what color is the sputum?
   - Do you have any pain, heaviness, or discomfort in your chest, neck, jaw, arms, or back?
   - Does it hurt when you breathe? When you take a deep breath?

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EMR 9
Chapter 15: Caring for Common Medical Emergencies--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. After you ensure scene safety, take standard precautions, and get a general impression of the patient, what is your next step in the patient assessment?
   a. Call for EMS to respond
   b. Make sure that the patient is breathing
   c. Determine the patient’s mental status
   d. Check the patient’s circulation

2. Which of the following is a common cause of hypoglycemia?
   a. Failure to take insulin
   b. Vomiting and skipping meals
   c. Eating too much food that contains sugar
   d. Infection

3. Which of the following is part of care for a diabetic emergency?
   a. Position an unresponsive patient in a sitting position
   b. Withhold oxygen from an unresponsive patient
   c. Administer sugar if the patient is unconscious
   d. Administer sugar if the patient is conscious

4. An ischemic stroke is caused by:
   a. a ruptured blood vessel.
   b. spasming vessels.
   c. a clot blocking blood flow.
   d. abnormal electrical activity in the brain.

5. Which of the following is NOT a component of the Cincinnati Prehospital Stroke Scale?
   a. Facial droop
   b. Pupil reaction
   c. Arm drift
   d. Speech
6. Which piece of information is important to determine for a suspected stroke patient?

a. The time that the call was received by dispatch  
   b. The time that the first EMS unit arrived on the scene  
   c. The exact time that the patient started having signs/symptoms  
   d. The date that the patient was last seen by a physician

7. In the ________ phase of a grand mal seizure, the patient gradually regains responsiveness.

a. aura  
   b. postictal  
   c. clonic  
   d. tonic

8. Which of the following is part of care for a seizing patient?

a. Move objects away from the patient  
   b. Place something in the patient’s mouth  
   c. Restrain the patient  
   d. Notify Paramedics to rush

9. Stings of insects are considered what type of route of poison?

a. Ingestion  
   b. Injection  
   c. Inhalation  
   d. Absorption

10. Which of the following methods can help calm a patient who has a behavioral disorder?

a. Get very close to the patient  
   b. Tell the patient what you think he wants to hear  
   c. Touch the patient to reassure him  
   d. Involve a trusted family member or friend

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EMR 9
The Call: An Unknown Medical Problem

Read the scenario. Then, in the space provided, answer the questions that follow.

The Emergency Medical Dispatcher sends you to an “unknown medical problem.” Upon your arrival, the patient’s granddaughter leads you and your partner into her living room. You observe a female patient, in her late 60s or early 70s, sitting on the sofa.

The patient appears to be confused, and her speech is slurred. You perform an assessment and determine that she has a facial droop. When you attempt to evaluate arm drift, the patient is unable to raise her right arm. The granddaughter tells you that she was visiting and that these signs came on suddenly. You ask what specific time this happened.

You update the incoming ambulance with the patient information that you now have and continue to take a SAMPLE history and another set of vital signs as your partner initiates emergency care.

1. What condition do these signs and symptoms suggest?

2. What is the emergency care for this patient?
In the space provided, write the word or words that best complete each sentence.

1. The simple sugar known as ___________ is the main source of fuel for the body’s cells.

2. ___________, or low blood sugar, can be the result of too much insulin or too little insulin.

3. Some patients experience signs and symptoms of a stroke for a short period of time; these may indicate a(n) ___________ ___________ ___________.

4. The three major components of the Cincinnati Prehospital Stroke Scale are ___________ ___________, ___________ ___________, and ___________.

5. ___________ ___________, a true medical emergency, occurs when a patient experiences two or more seizures in a row without a period of responsiveness.

6. ___________ involves poisoning by drug or alcohol, and ___________ is the effect on the body after a period of abstinence from drugs or alcohol.

7. A person who has escaped from a burning building complains of a throbbing headache with breathing difficulty. This person is showing signs of ___________ ___________ poisoning.

8. Any situation in which a patient’s mannerisms and actions are unacceptable or intolerable to the patient or to the community is a(n) ___________ ___________.

9. With a poisoning in an industrial setting, the Emergency Medical Responder should try to obtain a(n) ___________, which is information about the substance involved.

10. Seizures caused by fever are most common in ___________.

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EMR 9
True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. A patient with a suspected spine injury but who has an altered mental status should be placed in the recovery position.

2. Hypoglycemia occurs when the blood sugar is too low.

3. When obtaining a patient history in a diabetic emergency, ask, “Are you sick or under stress lately?”

4. Food and drink can be given to a diabetic patient who is having trouble controlling her airway.

5. The exact time at which a patient started to experience signs and symptoms of a possible stroke is important.

6. The clonic phase of a grand mal seizure occurs when the patient’s muscles alternate between contractions and relaxation.

7. Poison ivy, poison sumac, and poison oak are examples of injected poisons.

8. All poisonous gases have a detectable odor.

9. When assessing a patient for whom a suicidal risk is suspected, ask if he has been depressed.

10. In order to calm a behavioral emergency patient, you should “play along” with her visual or auditory disturbances.
Answer Key

Handout 15-1: Chapter 15 Quiz
1. c
2. b
3. d
4. c
5. b
6. c
7. b
8. a
9. b
10. d

Handout 15-2: The Call: An Unknown Medical Problem
1. stroke (cerebrovascular accident)
2. Steps for emergency care include the following:
   • Monitor and maintain the patient’s ABCs.
   • Position the patient. (If tolerated, the head should be kept as flat as possible.)
   • Administer oxygen.
   • Monitor the patient’s mental status.
   • Take vital signs frequently.
   • Provide emotional support.
   • Make sure that responding EMS personnel know that you suspect a stroke.

Handout 15-3: Chapter 15 Review
1. glucose
2. Hypoglycemia
3. transient ischemic attack
4. facial droop, arm drift, speech
5. Status epilepticus
6. Overdose, withdrawal
7. carbon monoxide
8. behavioral emergency
9. MSDS
10. children

Handout 15-4: True or False
1. F
2. T
3. T
4. F
5. T
6. T
7. F
8. F
9. T
10. F

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Chapter 16: Caring for Environmental Emergencies—Quiz

Circle the letter of the best answer to each multiple-choice question.

1. Heat loss involving the transfer of heat to an object without physical contact is known as:
   a. convection.
   b. conduction.
   c. radiation.
   d. evaporation.

2. Most body heat is lost through which part of the body?
   a. The chest and back
   b. The arms and legs
   c. The head and neck
   d. The abdomen and pelvis

3. Which of the following is NOT a risk factor for a patient’s response to cold?
   a. Underlying medical condition
   b. Use of alcohol or drugs
   c. Age
   d. Altitude

4. A sign of mild hypothermia is:
   a. increased blood pressure.
   b. decreased breathing rate.
   c. decreased pulse rate.
   d. absence of shivering.

5. With severe hypothermic patients, it is recommended that a pulse check be done for ________ before a decision to start CPR.
   a. 1 minute
   b. 2 minutes
   c. 30 seconds
d. 10 seconds

6. A condition of higher than normal body temperature is known as:
   a. hypothermia.
   b. hyperthermia.
   c. basal temperature.
   d. hypoacclimation.

7. A patient who becomes overheated and who may even stop sweating is most likely having what type of heat emergency?
   a. Heat exhaustion
   b. Heat syncope
   c. Heat stroke
   d. Heat cramps

8. “Reach, throw, row, go” is a strategy used to attempt rescue in a ________ emergency.
   a. cold
   b. heat
   c. rewarming
   d. submersion

9. Any patient who has been rescued from a water submersion should be monitored by the Emergency Medical Responder for signs of:
   a. hyperglycemia.
   b. hyperthermia.
   c. hypothermia.
   d. hypoglycemia.

10. In a ________, the water that flows over a low-head dam recirculates at the bottom and then divides.
    a. moving obstruction
    b. strainer effect
    c. sinkhole
    d. boil line

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The Call: A Slip on the Ice

Read the scenario and answer the questions that follow.

It is an overcast March afternoon when you are dispatched to a call for a woman who has fallen at 45 Temple Street. The temperature is in the 30s, with gusty winds. Banks of dirty snow from last week’s storm still line the streets and sidewalks.

1. What might the weather conditions lead you to expect at this call?

When you arrive at the address, a small crowd of people—including about a dozen teenagers, who are talking to each other and waving at you excitedly—immediately points to the driveway of the residence. There you see a person lying in a snowdrift between steps and a pair of garbage cans. You do not see blood or any sign of violence. You find it odd that no one is at the injured person’s side.

2. Given what you know at this point, what should you do next?

As you approach the patient, you observe that it is an older woman, perhaps in her 60s, lying face up and unconscious in a snowbank beside three steps that are thickly coated with ice and no guardrail. She is wearing only a housecoat and slippers. Your initial assessment reveals that the patient is responding—though inappropriately—to loudly spoken questions. Her respirations and pulse seem a bit slower than normal. Her skin is pale, cool, and firm to the touch; the skin on her abdomen is cool as well. She is not shivering.

3. How should you proceed?
Chapter 16 Review

In the space provided, write the word or words that best complete each sentence.

1. ________________ occurs when direct contact with an object carries heat away.

2. A localized cold injury is called ________________.

3. Hypothermia is a progressive condition; the first sign is that the patient will ________________.

4. The rule of thumb for EMS when considering resuscitation of a severely hypothermic patient is “You’re not dead until you’re __________ and __________.”

5. ______________ rewarms an area with late or deep frostbite.

6. ________________ is a condition of higher than normal body temperature.

7. ________________, which usually follow hard work in a hot environment, involve acute spasms of the leg, arm, and abdominal muscles.

8. ________________ is defined as death from suffocation due to submersion.

9. A hazard specific to moving water is ________________, which are created from moving current where water recirculates.

10. Every responder in or near the water during a rescue situation must wear a(n) ________________ ________________ ________________.

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Listing

Complete each listing activity on the lines provided.

1. List the five ways that the body gives off heat.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. List three factors that will impact how a patient responds to cold.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. List the three major heat-related medical conditions.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. List three signs/symptoms of early (superficial) local cold emergencies.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Handout 16-1: Chapter 16 Quiz
1. c
2. c
3. d
4. a
5. a
6. b
7. c
8. d
9. c
10. d

Handout 16-2: The Call: A Slip on the Ice
1. A fall coupled with the cold suggests the possibility of hypothermia and musculoskeletal injury, and perhaps a head or spine injury as well. Injuries from the trauma may also weaken the body’s response to the cold.
2. You should make sure that the scene is safe and that your personal safety isn’t in jeopardy. If you are alone, consider requesting law enforcement to control the crowd before you exit the vehicle. Be alert to see if there is any significance to the fact that no one is at the patient’s side.
3. This is a high-priority patient. Update the ambulance that is responding. Hypothermia is strongly indicated. If you can do it safely, gently, and maintain in-line stabilization get a blanket between the patient and the ground, and cover her. Handle the patient very gently. Perform a thorough primary assessment; remember to check the pulse for a full minute. Administer oxygen. While waiting for the ambulance do a secondary assessment as time permits and not otherwise occupied providing care for the ABCs. Continual assess so if the patient’s mental status deteriorates an airway adjunct can be considered.

Handout 16-3: Chapter 16 Review
1. Conduction
2. frostbite
3. shiver
4. warm, dead
5. Never
6. Hyperthermia
7. Heat cramps
8. Drowning
9. holes
10. personal floatation device

Handout 16-4: Listing
1. convection, conduction, radiation, evaporation, respirations
2. The factors are as follows:
   • General condition of patient (underlying medical or trauma condition)
• Use of drugs and alcohol or exposure to poisons
• Age of the patient (especially if very young or old)

3. heat cramps, heat exhaustion, heatstroke
4. any three of the following:
   • Light skin will redden.
   • Dark skin will turn pale.
   • When skin is depressed gently, it will blanch and then return to its normal color.
   • There will be a loss of normal feeling and sensation.
Chapter 17: Caring for Soft-Tissue Injuries and Bleeding--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. The force of trauma applied over a large area is referred to as:
   a. blunt trauma.
   b. ecchymotic trauma.
   c. penetrating trauma.
   d. abrasive trauma.

2. A(n) ________ is a cut to the skin and/or to the layers of the soft-tissue beneath the skin, caused by a sharp object.
   a. puncture
   b. laceration
   c. abrasion
   d. avulsion

3. The covering for a wound, designed to control bleeding and to protect the wound, is called a(n):
   a. dressing.
   b. bandage.
   c. hemostatic application.
   d. adhesive compress.

4. Which of the following best describes how a dressing and bandage should be applied?
   a. Place the dressing loosely over the bandage
   b. Place the bandage over the dressing, securing it as tightly as possible
   c. Place the dressing tightly over the bandage, but don’t restrict the flow of blood
   d. Place the bandage tightly over the dressing, but don’t restrict the flow of blood
5. Impaled objects usually should be secured in place—EXCEPT when the object is impaled in the:
   a. lung.
   b. eye.
   c. cheek.
   d. neck.

6. An open wound to the neck should be covered with an occlusive dressing to prevent what from occurring?
   a. Tension pneumothorax
   b. Air embolism
   c. Blood occlusion
   d. Hemostatic reaction

7. Severity of burns is determined by all of the following EXCEPT:
   a. depth.
   b. area (size).
   c. heat source.
   d. location.

8. A _______ burn involves both the epidermis and dermis layers of the skin.
   a. partial-thickness
   b. superficial
   c. full-thickness
   d. surface

9. A chemical burn should be flushed for at least ______ minutes.
   a. 5
   b. 10
   c. 15
   d. 20

10. Since electrical burns can have a serious impact on the ________, the Emergency Medical Responder should be on alert for further complications in the field.
    a. lungs
b. heart
c. brain
d. sensory organs
The Call: Burns from a Kitchen Fire

Read the scenario. Then, in the space provided, answer the questions that follow.

You and your partner are riding back to the firehouse after your last call when you suddenly spot smoke coming from a small residence. Your partner immediately notifies dispatch for a full alarm assignment. Just as you bring your vehicle to a stop, the front door bursts open and a young man practically falls through onto the sidewalk. You and your partner, both Emergency Medical Responders, gather your first response bags and hurry over to him.

He tells you that he was cooking and had a grease fire, which he tried to put out but could not. You and your patient move a safe distance from the house, and you very quickly begin a primary assessment. You see that the front of the man’s shirt and the shirtsleeves are scorched and still smoking. He also has what appear to be partial-thickness burns to his entire right arm including his hand, the front of his torso (both chest and abdomen), and his entire head and neck.

1. What is the first step in Emergency Medical Responder care of this patient? Why is this step so important?

2. Consider the “rule of nines”. Approximately what percentage of this patient’s body surface area is burned? What is the severity of the burns?
Chapter 17 Review

In the space provided, write the word or words that best complete each sentence.

1. _______________ occurs when the force of a trauma breaks open small blood vessels beneath the skin, resulting in black and blue bruising.

2. A rubbing or scraping force that penetrates and destroys the outermost layer of skin is called a(n) _______________.

3. Never remove a(n) __________ object from a wound.

4. A(n) _______________ dressing is typically a large and absorbent dressing designed for major wounds.

5. When applying a bandage to the arm, be sure to leave the _______________ exposed to help evaluate circulation.

6. Open wounds to the neck and chest should be covered with a(n) _______________ dressing to prevent air from entering.

7. The three factors that usually determine severity of burns are ____________, ____________, ____________.

8. If a patient has a chemical burn to an eye, flush with _______ pressure water and be sure to flush ___________ from the unaffected eye.

9. Electrical burns may show as small burns that are visible on the outside, but _______________ injury may have occurred internally.

10. To estimate the surface area of a burn, use the area of the _______________ palm as the unit of measure.
Handout 17-4

Student’s Name ____________________

Listing

*Complete each listing activity on the lines provided.*

1. List four steps in providing emergency care for open wounds.

2. List the five steps in the typical care of an amputated part.

3. Fill in the percentages (percent) for the “rule of nines” as determined for an adult patient.

   Head and Neck: _____ percent
   Posterior Trunk: _____ percent
   Anterior Trunk: _____ percent
   Each Upper Extremity: _____ percent
   Each Lower Extremity: _____ percent
   Groin Area: _____ percent

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*EMR 9*
Answer Key

Handout 17-1: Chapter 17 Quiz
1. a
2. b
3. a
4. d
5. c
6. b
7. c
8. a
9. d
10. b

Handout 17-2: The Call: Burns from a Kitchen Fire
1. The first step is to assess scene safety. If you attempt to provide emergency care at an unsafe scene, you could be injured as well.
2. applying the “rule of nines”:
   - Head and neck: 9 percent
   - Anterior trunk: 18 percent
   - Right arm: 9 percent
   Total body surface area burned: 36 percent.
   This patient is critically burned: The face, neck, chest, and possibly the eyes and one hand have all been affected.

Handout 17-3: Chapter 17 Review
1. Ecchymosis
2. abrasion
3. imbedded
4. trauma
5. fingers
6. occlusion
7. depth, surface area, location
8. low, away
9. severe
10. patient’s

Handout 17-4: Listing
1. The steps are as follows:
   - Control bleeding.
   - Recognize and treat the onset of shock.
   - Prevent infection.
   - Dress and bandage the wound.
2. The steps are as follows:
   - Gently clean the amputated part by removing loose debris.
• Wrap the amputated part in gauze lightly moistened with sterile saline and place in a sealed plastic bag.
• Cool the amputated part by placing it in a container with ice.
• Label the part with the patient’s name and arrange transport.
• Never give false hope to the patient about reattachment.

3. Head and Neck: 9 percent
   Posterior Trunk: 18 percent
   Anterior Trunk: 18 percent
   Each Upper Extremity: 9 percent
   Each Lower Extremity: 18 percent
   Groin Area: 1 percent

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Chapter 18: Recognition and Care of Shock–Quiz

Circle the letter of the best answer to each multiple-choice question.

1. The consistent delivery of adequate oxygen to the cells is called:
   a. circulation.
   b. perfusion.
   c. contusion.
   d. hypoxation.

2. The type of shock caused by a failure of the heart is referred to as:
   a. hypovolemic.
   b. distributive.
   c. blood loss.
   d. cardiogenic.

3. Which organ is particularly sensitive to an inadequate supply of oxygen and may, as a result, cause the patient to exhibit such signs as restlessness and anxiety?
   a. The heart
   b. The lungs
   c. The brain
   d. The liver

4. A sign of the late stages of shock, in which the body can no longer compensate, is:
   a. a drop in blood pressure.
   b. a significant rise in pulse.
   c. very rapid respirations.
   d. incontinence.

5. Bright red blood that spurts from a wound is called ________ bleeding.
   a. venous
   b. capillary
   c. lymphatic
d. arterial

6. To control external bleeding from an extremity, first:
   a. splint the bleeding part.
   b. apply direct pressure.
   c. elevate the extremity.
   d. use a pressure point.

7. In what position should a patient with a nosebleed be placed?
   a. Sitting slightly forward
   b. Sitting slightly backward
   c. Supine
   d. Prone

8. If injuries do not prevent it, which is appropriate care for a patient in shock?
   a. Elevate the lower extremities
   b. Use passive cooling
   c. Decrease the blood pressure
   d. Give the patient something to eat and drink

9. Which type of shock is seen in the early stages—that is, in which minimum perfusion is maintained through actions of the body, such as increased heart rate?
   a. Decompensated
   b. Obstructive
   c. Compensated
   d. Distributed

10. The appropriate position for a patient who has signs and symptoms of shock is a ________ position.
    a. sitting
    b. prone
    c. Fowler’s
    d. supine
The Call: Bleeding at Little League

Read the scenario. Then, in the space provided, answer the questions that follow.

You are attending your son’s Little League game. Since you are a Emergency Medical Responder, the coach has asked you to handle any injuries that might occur. You have brought the first-aid kit that you usually keep in your car.

Just as the game is getting exciting, you hear your name called over the public address system. You are asked to report to the concession area, where you find a mother trying to comfort her crying child. The little girl has tripped and fallen on some broken glass. She has a large open wound to her left lower arm, with a steady flow of dark red blood. You observe that the towel that was wrapped around the injury is soaked with blood. Unfortunately, someone removed the towel in order to replace it. The child is pale and the skin is moist. In addition, the child’s respiration and pulse rate are both rapid.

1. What do your initial findings suggest?

2. What steps should you take to control the bleeding?

3. What else should you do for the child?
Chapter 18 Review

In the space provided, write the word or words that best complete each sentence.

1. The consistent delivery of adequate oxygen to the cells is called __________.

2. The four main types of shock are __________ (extreme blood loss), __________ (lack of proper allocation of blood), __________ (blockage that keeps blood from reaching vital organs), and __________ (failure of the heart to pump properly).

3. __________ occurs as the body reacts to hypoperfusion and takes steps to stay alive.

4. A sign of the late stages of shock, in which the body can no longer maintain compensation, is __________.

5. The __________ is particularly sensitive to inadequate oxygen; evidence of this sensitivity is commonly seen in the patient’s __________  __________.

6. Dark red blood oozing from a wound is an indication of __________ bleeding.

7. Uncontrolled severe bleeding in massive volume, which kills rapidly, is referred to as __________ hemorrhage.

8. If you are using direct pressure to control bleeding and the dressing becomes soaked with blood, do not __________ it; simply place another dressing on top of the soaked dressing and continue direct pressure.

9. If local protocols permit using pressure points to control bleeding, then place pressure on the __________ artery when the arm is affected and on the __________ artery when the leg is affected.

10. When a person who has a nosebleed swallows blood, __________ is not uncommon due to irritation of the stomach.
Matching

Match each term from the following list by placing its letter in the blank of the correct description or definition below. Each term is used only once.

A. Hypovolemic  
B. Decompensated shock  
C. Venous  
D. “Coffee grounds” vomit  
E. Exsanguinating hemorrhage  
F. Standard precautions  
G. Hemostatic agent  
H. Tourniquet  
I. Supine  
J. Obstructive

1. A sign of internal bleeding
2. A substance that contains drying properties that help slow bleeding and aid clotting
3. The position to place a patient who is showing signs and symptoms of shock
4. The type of shock that is the result of blood loss
5. Device used when an Emergency Medical Responder cannot control bleeding in any other way, and only if you consider the bleeding life-threatening
6. The type of bleeding that is seen as dark red and that flows steadily from the wound
7. The type of shock seen in a patient with a pulmonary embolism
8. Uncontrolled severe bleeding in massive volume that rapidly kills
9. The later stages of shock, in which the body can no longer make up for the increasing lack of oxygen delivered to the vital organs
10. Guidelines that place a barrier between the Emergency Medical Responder and the patient’s blood and body fluids

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Answer Key

Handout 18-1: Chapter 18 Quiz
1. b
2. d
3. c
4. a
5. d
6. b
7. a
8. a
9. c
10. d

Handout 18-2: The Call: Bleeding at Little League
1. The child may be in the early stages of shock (compensated shock).
2. Take standard precautions. With your gloved hand, apply direct pressure with elevation. Apply a pressure dressing, adding additional dressing material if blood soaks through. If this does not control the bleeding, apply pressure to the brachial pressure point in the upper arm, use a hemostatic agent, or apply a tourniquet as permitted by local, regional, or state protocol.
3. Make sure that someone has activated the EMS system by calling 911. Make sure that the 911 dispatcher is given all necessary information. Stay with the child until the responding ambulance arrives and you turn over care, including a report on mechanism of injury; general impression when you first located the child, including signs and symptoms and treatment provided; and any additional information such as vital signs and a SAMPLE history that you may have been able to obtain.

Handout 18-3: Chapter 18 Review
1. perfusion
2. hypovolemic, distributive, obstructive, cardiac (cardiogenic)
3. Compensation
4. hypotension (low blood pressure)
5. brain, mental status
6. capillary
7. exsanguinating
8. remove
9. brachial, femoral
10. vomiting

Handout 18-4: Matching
1. D
2. G
3. I
4. A
5. H
6. C
7. J
8. E
9. B
10. F

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Chapter 19: Caring for Muscle and Bone Injuries--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. Trauma to the skeletal system and associated muscles, tendons, and joints is a(n):
   a. neurologic injury.
   b. orthopedic injury.
   c. allopathic injury.
   d. thoracic injury.

2. The skull, rib cage, and spinal column are referred to together as the:
   a. appendicular skeleton.
   b. basal skeleton.
   c. medial skeleton.
   d. axial skeleton.

3. In a(n) _______ musculoskeletal injury, the skin overlying the injured bone perforates the skin from the inside out.
   a. closed
   b. comminuted
   c. osteopathic
   d. open

4. _______ force causes an injury away from the site of impact because the force is transferred to other parts of the body.
   a. Twisting
   b. Indirect
   c. Direct
   d. Transverse

5. Which type of injury occurs when muscles and tendons are overworked?
   a. Sprain
   b. Strain
   c. Dislocation
   d. Disruption
6. Assessment for a patient with a suspected extremity fracture should include all of the following EXCEPT:
   a. temperature.
   b. sensation.
   c. motor function.
   d. circulation.

7. Straightening of an angulated extremity should be considered (if permitted by local protocol) if evidence of decreased blood flow is evident at what location in relation to the injury?
   a. Distal
   b. Proximal
   c. Medial
   d. Lateral

8. It is recommended that the Emergency Medical Responder use a ________ to splint an upper extremity injury.
   a. circumferential splint
   b. rigid bandage
   c. traction splint
   d. sling and swathe

9. The bones of the lower arm are the:
   a. tibia and fibula.
   b. ulna and radius.
   c. humerus and ulna.
   d. radius and patella.

10. Which is the proper technique for preparing an amputated body part for transport?
    a. Place it directly on ice and cover with sterile gauze
    b. Immerse it in water and submerge the container in ice
    c. Wrap it in moistened sterile gauze and place it in a bag and then on ice
    d. Place it in water with dry ice, if available; if not, use cold packs
The Call: Fall from a Treehouse

Read the scenario. Then, in the space provided, answer the questions that follow.

Your unit responds to a 911 call by a mother who reports that her 12-year-old son “has fallen from his tree house.” When you arrive on scene, the mother takes you into the backyard, where you see the boy grimacing in pain. He is supine on the ground.

When the boy sees you, he points to his right leg and says, “It hurts all the way down to the toes.” In response to your questioning, he tells you that he “just slipped down the ladder.” You see wooden rungs nailed to the tree trunk; none are missing or broken. You ask him to point to where he slipped. He points to a rung about 10 feet up from the ground. You ask him if he remembers how he landed. “Feet first,” he says. “The pain just shot up my leg. Then I was down on the ground.”

1. What forces may be involved in the patient’s injuries?

2. What bones or joints do you expect were injured?

3. When you are ready to splint the injuries, what type of splint will you choose?
Chapter 19 Review

In the space provided, write the word or words that best complete each sentence.

1. A(n) ________________________ force occurs when one part of the body stays stationary as the other part swivels or turns.

2. In a(n) _____________________, ligaments that connect bone to bone are overextended beyond their normal range of motion.

3. A normally straight bone that is bent due to a break is called a(n) ________________________ fracture.

4. ________________ is the grating sound made when broken bone ends rub together.

5. When checking for loss of circulation with a suspected extremity fracture, the Emergency Medical Responder should assess ________________ and ________________.________________

6. A(n) ________________________ is a mechanical device that, when attached to an extremity, provides gentle pulling to decrease pain and prevent muscle spasm.

7. One sign of a dislocated shoulder is “propped shoulder,” in which one shoulder is ________________ than the other.

8. An elbow injury should be splinted in the ________________ ________________, with no attempt to ________________ it.

9. Two signs of a hip fracture are a(n) ________________ foot or a(n) ________________ of one leg compared to the other.

10. The arms and legs form the ________________ skeleton.

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Handout 19-4

Student’s Name _______________________

Listing

Complete each listing activity on the lines provided.

1. List seven findings that are consistent with a musculoskeletal injury.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. List the four reasons for splinting.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. List the typical steps in care for an amputated body part.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Answer Key

Handout 19-1: Chapter 19 Quiz
1. b
2. d
3. d
4. b
5. b
6. a
7. a
8. d
9. b
10. c

Handout 19-2: The Call: Fall from a Treehouse
1. Both direct forces and indirect forces are likely.
2. The following bones and joints are possibly injured:
   - bones and joints of the feet and ankle (direct forces)
   - tibia, fibula, patella, and femur (indirect forces)
   - (less likely) hip and pelvis (indirect force)
3. Because the patient’s injuries could include the entire leg from hip to toes, the injury can be treated as a pelvic fracture. The boy can be secured on a long backboard with legs stabilized by placing a folded blanket or pillow between them and securing with cravats and/or straps. If available, a pelvic binder could be used. Another alternative, used to treat unstable pelvic fractures, is a Pneumatic Anti-Shock Garment (PASG). Local protocols should be followed when using a PASG.

Handout 19-3: Chapter 19 Review
1. twisting
2. sprain
3. angulated
4. Crepitus
5. pulses, capillary refill
6. traction splint
7. lower
8. position found, straighten
9. rotated, shortening
10. appendicular

Handout 19-4: Listing
1. any seven of the following:
   - pain
   - tenderness
   - deformity
   - open wounds and exposed bone ends
   - crepitus
   - loss of range of motion
• swelling
• bruising or discoloration
• loss of sensation
• loss of circulation
• patient reports: “I heard it snap”

2. Splinting should be done for these reasons:
• to stop bone ends from damaging tissue
• to manage pain
• to control bleeding
• to prevent circulatory and nerve damage

3. Steps in care are as follows:
• Gently clean the amputated part by removing loose debris.
• Wrap the amputated part in gauze.
• Lightly moisten the gauze with sterile saline.
• Place the body part in a plastic bag.
• Place the plastic bag on a container of ice.
• Label with the patient’s name.
Chapter 20: Caring for Head and Spine Injuries--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. The fluid that surrounds the brain is called:
   a. aqueous humour fluid.
   b. hemoplasmatic fluid.
   c. synovial fluid.
   d. cerebrospinal fluid.

2. How many bones are in the spinal column?
   a. 22
   b. 33
   c. 29
   d. 44

3. The posturing that occurs with a closed head injury is an involuntary movement of the patient’s limbs, referred to as:
   a. flexion or extension.
   b. tension or relaxation.
   c. superior or inferior.
   d. reflexive or responsive.

4. Which of the following is NOT part of the Cushing triad, a trend in signs of brain herniation?
   a. Constricted pupils
   b. Decreased pulse rate
   c. Abnormal respiratory patterns
   d. Increased blood pressure

5. Bruising behind the ears, which is a delayed sign of a skull fracture, is called:
   a. raccoon sign.
   b. Battle’s sign.
c. Cushing’s sign.
d. Hoffmann’s sign.

6. A patient’s tooth has been knocked out. What is the recommended fluid of choice in which to place it for transport?
   a. Sterile water
   b. Milk
   c. Sterile dextrose solution
   d. Citric-based liquid

7. Which of the following is considered appropriate care when dressing an eye (globe) injury?
   a. Apply direct pressure to the eyelid
   b. Remove any blood clots that have formed
   c. Force the eye open and flush it
   d. Cover both the injured eye and the uninjured eye

8. An injury to the spinal column that occurs as a result of movement after the initial injury is referred to as a ________ injury.
   a. quaternary
   b. tertiary
   c. secondary
   d. primary

9. When assessing the extremities of a patient with a suspected spinal cord injury, which of the following should you NOT consider a possible symptom?
   a. Spasm
   b. Numbness
   c. Paralysis
   d. Loss of sensation

10. When providing manual stabilization for a patient with a suspected spinal injury, keep the head in an in-line and ________ position.
    a. neutral
    b. flexed
    c. extended
d. lateral position
The Call: A Pool Emergency

Read the scenario. Then, in the space provided, answer the questions that follow.

Your crew is called to an “accident” at a backyard pool party. Upon arrival, you count 10 people in swimming suits, some with drinks in their hands. The patient, a 22-year-old male, is sitting on the edge of the pool. He appears to be using his arms to brace himself.

A bystander tells you, “Paul fell into the shallow end of the pool. When he pulled himself out of the water, he was holding his head. He started complaining that his neck hurt, and then he said that he had a headache. He sat next to the pool, but he hasn’t moved or answered any of our questions since.” Similarly, during your initial assessment, you note that Paul appears to be conscious but does not respond to your questions.

1. What do you suspect the mechanism of injury might be?

2. What additional questions would you want to ask the bystanders?

3. What Emergency Medical Responder care should be provided for this patient?
In the space provided, write the word or words that best complete each sentence.

1. The ______________________________ consists of the skull, the spinal column, and the rib cage.

2. The vertebrae that make up the spinal column are connected by ____________________, padded in between by _________________ and protected by ____________________.

3. The individual vertebrae of the spinal column are able to twist and bend together in a process called ____________________.

4. The head is a _________________ and ___________________ object, and the ________ vertebrae of the cervical region bear its weight.

5. When a patient has a head injury, the pupils of the eye will appear __________, ______________, or ________________ in response to light.

6. A blow to the head can temporarily interrupt the function of the brain—that is, a ____________________.

7. A(n) _______________ ________________ is an injury in which the vertebrae of the spinal column are loose and uncontrolled.

8. When it comes to stabilizing the head and neck, the term _________________ means that the patient’s nose is lined up with his belly button.

9. ____________________________ is a term for loss of bowel or bladder control.

10. A cervical collar ____________ movement but does not prevent movement.

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True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. There are 15 vertebrae in the thoracic region of the spinal column.  
2. Head injuries can be divided into two categories: inferior and superior.  
3. One of the signs of a closed head injury is altered mental status.  
4. The hole at the base of the skull through which the brain can be forced by pressure is called the foramen magnum.  
5. Two of the signs known as the Cushing triad are decreased pulse rate and increased blood pressure.  
6. Both Battle’s sign and raccoon eyes are early indications of an open head injury.  
7. To prevent air from entering a wound with a large neck laceration, the Emergency Medical Responder needs only to apply a bulky dressing.  
8. It is recommended that when there is a need to place a dressing on an injured eye, the other eye should be covered as well.  
9. Any impaled object in the eye should be removed.  
10. The log roll is a technique used to move a patient onto a long board while maintaining in-line, neutral position.
Answer Key

Handout 20-1: Chapter 20 Quiz
1. d
2. b
3. a
4. a
5. b
6. b
7. d
8. c
9. a
10. a

Handout 20-2: The Call: A Pool Emergency
1. The patient may have hit his head on the bottom or side of the pool when he fell in.
2. Questions may include the following:
   • What was the patient doing just prior to the fall?
   • Was there any horseplay, or did he just trip?
   • Has he been drinking? If yes, how much?
   • Has he eaten recently?
   • Is any anybody able to provide information on medications, past medical history, or recent illnesses? If not, can someone who might have this information be contacted?
3. Steps in care are as follows:
   • Immediately stabilize the patient’s head and neck. (This must be continued until the patient is fully immobilized with a collar and on a backboard.)
   • Perform a primary assessment to ensure that the airway is open and that breathing is adequate, and identify any external bleeding. (Treat any ABCs problem that is identified immediately.)
   • Provide a report to the responding ambulance.
   • If possible, obtain a baseline set of vital signs, including a determination of a Glasgow Coma Score.
   • Try to obtain as much SAMPLE history information as possible.
   • If possible, perform a secondary assessment and retake vital signs as time permits until the EMTs or Paramedics take over care and prepare the patient for transport.

Handout 20-3: Chapter 20 Review
1. axial skeleton
2. ligaments, cartilage, muscle
3. articulation
4. large, heavy, seven (7)
5. unequal, sluggish, fixed
6. concussion
7. unstable fracture
8. in-line
9. Incontinence
10. restricts

Handout 20-4: True or False
1. F
2. F
3. T
4. T
5. T
6. F
7. F
8. T
9. F
10. T
Chapter 21: Caring for Chest and Abdominal Emergencies--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. In the condition known as a ________, air works its way in between the chest wall and the lung, causing the lung to collapse.
   a. flail chest
   b. thoracic decompression
   c. pneumothorax
   d. negative pressure syndrome

2. Which type of dressing should be applied to an open chest wound?
   a. Porous
   b. Occlusive
   c. Absorbent
   d. Form-fitting

3. In a life-threatening condition known as a ________, a pneumothorax puts pressure on the heart and great vessels of the chest, causing profound shock.
   a. hemothorax
   b. tension pneumothorax
   c. spontaneous pneumothorax
   d. paradoxical pneumothorax

4. The grating sound of bone ends rubbing together is called:
   a. rubbing.
   b. stridulous.
   c. scour.
   d. crepitus.

5. A person has ________ sets of ribs that give structure and form to the chest wall.
   a. 12
Which position is favored for a patient who is suspected of having fractured ribs?

- a. Lying flat with arms above head
- b. Sitting forward with arms by side
- c. Fetal position with arms against ribs
- d. Sitting upright and arms against ribs

The type of breathing that may be observed with a patient who has a flail chest, with one side of the chest rising while the other fails, is called:

- a. tension breathing.
- b. retrograde breathing.
- c. paradoxical breathing.
- d. agonal breathing.

You are assessing a patient who has suffered blunt trauma to the chest and has distended neck veins, blue skin, and bulging eyes. Which of the following should you most likely suspect?

- a. Tamponade of the lungs
- b. Retrograde circulation
- c. Traumatic asphyxia
- d. Vascular collapse

What is the general recommendation for a patient who has suffered an evisceration to the abdomen?

- a. Cover the organs with a moist sterile dressing and then an occlusive dressing
- b. Cover the organs with a dry sterile dressing and then an occlusive dressing
- c. Cover the organs with a dry sterile dressing and then a dressing that air can pass
- d. Do not cover the protruding organs
10. When the abdominal cavity fills up with blood, such as seen with a puncture wound, the belly will bulge—a condition known as:

   a. peritoneal protrusion.
   b. abdominal distention.
   c. colon catastrophe.
   d. cavity extension.

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The Call: An Eviscerated Abdomen

Read the scenario. Then, in the space provided, answer the questions that follow.

Dispatch has advised you that your patient is a butcher’s assistant at McGuire’s Meats. You are on scene in less than five minutes. When you arrive, you find the police, who tell you that the young man tripped while handling a just-sharpened butcher knife. “When he fell,” the police officer tells you, “he sliced open his abdomen.” The police assure you that the scene is safe.

1. After taking standard precautions, what should you, as an Emergency Medical Responder, set as your priorities in providing care for this patient?

2. When you expose the injury site, you find that some of the patient’s internal organs are protruding. How should you dress the patient’s open wound?
Chapter 21 Review

*In the space provided, write the word or words that best complete each sentence.*

1. Both the muscles of the chest wall and the muscle called the ___________ work to draw air into and push air out of the lungs.

2. An open chest wound in which air is pulled in and pushed out as the patient breathes is called a(n) ___________ ___________ ___________.

3. A(n) ___________ occurs when leaking blood builds up and collapses the lung in the same manner as a pneumothorax.

4. You should apply an occlusive dressing over an open chest wound and tape it on ___________ sides.

5. ___________ ___________ is the result of accumulated air in the plural space; it collapses the lung and puts pressure on the heart and great vessels, causing profound shock.

6. A massive blunt trauma that is applied over a large portion of the chest, forcing blood out of the heart and in an opposite direction, is called ___________ ___________.

7. ___________ may be the most significant problem with rib fractures.

8. In general, an Emergency Medical Responder should never remove an ___________ ___________ from the chest or abdomen.

9. A(n) ___________ occurs when abdominal organs, such as intestines, protrude from an open wound.

10. When inspecting and palpating all four quadrants of the abdomen, the Emergency Medical Responder is looking for ___________, ___________, and ___________.

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Listing

Complete each listing activity on the lines provided.

1. List four signs or symptoms that indicate that the breathing of a patient with a chest injury has been affected.

2. List five signs and symptoms that may be identified when palpating the chest of a patient with a chest injury.

3. List seven signs and symptoms that may indicate internal abdominal injury.
Answer Key

Handout 21-1: Chapter 21 Quiz
1. c
2. b
3. b
4. d
5. a
6. d
7. c
8. c
9. a
10. b

Handout 21-2: The Call: An Eviscerated Abdomen
1. The priorities are the patient’s ABCs. Maintain an open airway, administer oxygen, assist respirations if necessary, control external bleeding as needed, and treat for shock.
2. General treatment guidelines usually include the following:
   • Clean away any large debris.
   • Cover organs with a moist sterile dressing and then an occlusive dressing.
   • Prevent heat loss.
   • Never allow the exposed organs to dry out; it may be necessary to reapply sterile saline to keep the exposed abdominal contents moist.
   • Never push organs back into the cavity.

Handout 21-3: Chapter 21 Review
1. diaphragm
2. sucking chest wound
3. hemothorax
4. three (3)
5. Tension pneumothorax
6. traumatic asphyxia
7. Pain
8. impaled object
9. evisceration
10. tenderness, rigidity, guarding

Handout 21-4: Listing
1. Any four of the following:
   • Shortness of breath
   • Painful breathing
   • Cyanosis and other signs of hypoxia
   • Coughing up blood
   • Signs and symptoms of shock
2. Any five of the following:
• Pain and tenderness
• Poor chest expansion or decreased ability to move air
• Penetrating trauma
• Reduced or absent lung sounds
• Distended neck veins
• Chest wall deformity

3. Any seven of the following:
• Pain
• Tenderness (pain on palpation)
• Distended abdomen
• Rigid or guarded abdomen
• Bruising to the abdomen, back, or flanks
• Pain radiating to shoulders
• Nausea and vomiting
• Blood in vomit, urine, or stool
• Signs and symptoms of shock

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Chapter 22: Care During Pregnancy and Childbirth--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. During a normal pregnancy, the baby develops inside the mother’s:
   a. vagina.
   b. cervix.
   c. uterus.
   d. placenta.

2. The ________ provides nourishment to the fetus, absorbs its waste, and produces hormones during pregnancy.
   a. vagina
   b. cervix
   c. uterus
   d. placenta

3. The fetus floats in a “bag of waters” that contains _________________ fluid.
   a. amniotic
   b. cerebrospinal
   c. vaginal
   d. synovial

4. A full term pregnancy lasts approximately ________ days.
   a. 190
   b. 280
   c. 370
   d. 460

5. The first stage of labor is characterized by:
   a. dilation of the cervix.
   b. expulsion of the infant.
   c. delivery of the placenta.
   d. crowning at opening of birth canal.
6. The final (third) stage of labor is characterized by:
   a. dilation of the cervix.
   b. expulsion of the infant.
   c. expulsion of the placenta.
   d. crowning of the baby’s head.

7. The term ______________ refers to the appearance of the baby’s head at the opening of the birth canal.
   a. afterbirth
   b. crowning
   c. meconium
   d. prebirth

8. The birth of a baby may be imminent if the mother’s contractions are about __________ minutes apart.
   a. 2
   b. 5
   c. 6
   d. 9

9. Which of the following statements about delivery of the placenta is true?
   a. Pull on the umbilical cord to assist with delivery.
   b. It takes from 10 to 30 minutes to deliver.
   c. Discard it immediately after it delivers.
   d. It usually delivers before the baby does.

10. In a(n) __________ birth, the baby’s feet or buttocks deliver first.
   a. prolapsed
   b. abruption
   c. premature
   d. breech
The Call: An Emergency Delivery

Read the scenario. Then, in the space provided, answer the questions that follow.

It is about 3:00 A.M. when a neighbor wakes you and tells you that his wife is about to give birth. The ambulance has been called, but he doesn’t think that she can hold off until its arrival. Knowing that you are an Emergency Medical Responder, the wife has asked him to get you. You grab your standard precaution supplies and the OB kit that you carry in your personal vehicle and go to your neighbor’s house.

You find the expectant mother lying supine across the bed. She informs you that her contractions are less than a minute apart, that she feels the urge to have a bowel movement, and that her “water broke.” As she begins to have another contraction, you say that you want to check for crowning, to see if the baby has indeed entered the birth canal. You place clean sheets under the mother and begin to drape her with another sheet, but she asks rather firmly that you “take them off me, please!” You ask the husband to position himself at the head of the bed to encourage his wife; then you explain what needs to done in order to prepare for this imminent delivery. You prepare the materials you brought with you.

The baby’s head appears, and you place your hand gently on its head. As soon as the head delivers, you suction the mouth and the nose. Then you support the rest of the baby’s body as it delivers. Keeping the baby at about the same level as the mother’s vagina, you dry and wrap it in a blanket, and you suction the baby’s mouth and nose. The baby starts to cry vigorously. You assess the breathing and observe that the baby has good color. You make note of the time of birth just as the Paramedics arrive.

1. What signs indicated that this birth was imminent?

2. What information should your handoff report to the Paramedics include?
Chapter 22 Review

In the space provided, write the word or words that best complete each sentence.

1. The _________________ is the organ that contains the developing fetus.

2. The neck of the uterus, which leads into the vagina, is called the _________________.

3. The _________________, a disk-shaped organ on the inner lining of the uterus, provides nourishment to the fetus, absorbs wastes from the fetus, and produces hormones.

4. The _________________ _________________ is filled with a fluid in which the fetus floats.

5. A full term pregnancy lasts approximately ___________ days.

6. _________________ consists of contractions of the uterine wall, which force the baby and later the placenta into the outside world.

7. During the first stage of labor, the _________________ becomes fully dilated.

8. During the _________________ stage of labor, the baby moves through the birth canal and is born.

9. If contractions are more than ________ minutes apart, the mother usually has time to be transported to a hospital.

10. If the mother’s contractions are ________ minutes apart, prepare to help deliver the baby where you are.

11. To avoid supine hypotensive syndrome, the expectant mother should lie on her _________________ side.

12. Because delivery results in exposure to a great deal of blood and body fluids, you should be sure to take all necessary _________________ ________________.

13. Use a(n) _________________ _________________ _________________ to suction mucus from the baby’s mouth and then from the nose.

14. If there is no breathing after birth, rub the baby’s _________________ gently
or slap the ______________ of the baby’s ________________.

15. After the baby is delivered, observe for the delivery of the ____________.

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Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. Normal labor is divided into four stages: dilation, contraction, expulsion, and placental.
2. During the second stage of labor, the placenta separates from the uterine wall and is then expelled from the uterus.
3. To feel for contractions, you should place your gloved hand on the mother’s cervix.
4. If you observe crowning, you should prepare to assist in the delivery right where you are.
5. All equipment and material used during delivery should be sterile, or at least as clean as possible.
6. There is very little exposure to blood and body fluids during childbirth, so you do not need to take standard precautions.
7. If there is meconium staining of the amniotic fluid, consider requesting an advanced life support unit to assist on scene.
8. Use a rubber bulb syringe to suction mucus first from the baby’s nose and then from his mouth.
9. Insert the tip of the bulb syringe about three inches into the baby’s mouth.
10. If you perform tactile stimulation but the baby still does not take a breath, start artificial ventilation.
11. When the placenta delivers, slowly and gently pull it from the vagina.
12. After the placenta delivers, place it in a plastic bag.
13. During childbirth, a loss of up to three pints of blood is normal and usually is well tolerated by the mother.
14. If the mother’s bleeding appears to be excessive after delivery of the placenta, treat her for shock.
15. Perform artificial ventilation on the newborn if there is persistent central cyanosis (bluish discoloration around the chest and abdomen) after 100 percent oxygen has been administered.
Handout 22-1: Chapter 22 Quiz
1. c
2. d
3. a
4. b
5. a
6. c
7. b
8. a
9. b
10. d

Handout 22-2: The Call: An Emergency Delivery
1. Her contractions were less than a minute apart, she felt the urge for a bowel movement, her “water broke,” and the baby was crowning.
2. The report might read as follows:
The patient is a 28-year-old woman whose husband called me, knowing that I am an Emergency Medical Responder with the Cherry Point Fire Department, because she was in labor and believed that the baby would deliver prior to the arrival of an ambulance. When I got to the patient, she was conscious and alert with a patent airway and adequate breathing. She reported that her contractions were less than a minute apart and that her water had broken. A physical exam revealed that the baby was crowning, so I prepared for an immediate delivery. The birth occurred at 3:25 A.M. without a problem, and I suctioned the baby’s mouth and nose. The infant—a girl whose name, I am told, is Cheryl—was dried, wrapped in a dry blanket, and positioned for drainage. The baby began to cry without further stimulation. Both patients appear to be stable. There has been no time to check vital signs or to get a SAMPLE history.

Handout 22-3: Chapter 22 Review
1. uterus
2. cervix
3. placenta
4. amniotic sac
5. 280
6. Labor
7. cervix
8. second
9. five
10. two
11. left
12. standard precautions
13. rubber bulb syringe (or rubber suction syringe)
14. back, soles, feet
15. placenta

Handout 22-4: True or False
1. F
2. F
3. F
4. T
5. T
6. F
7. T
8. F
9. F
10. T
11. F
12. T
13. F
14. T
15. T

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Chapter 23: Caring for Infants and Children--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. A child’s head is ______ in proportion to the body than is an adult’s head.
   a. larger
   b. smaller
   c. no larger
   d. no smaller

2. Drawing back between the ribs or around the shoulders of a pediatric patient who is having difficulty breathing is called:
   a. retractions.
   b. withdrawing.
   c. stress breathing.
   d. intercostal extension.

3. A normal pulse rate for an infant 6–12 months old is ______ beats per minute.
   a. 12 to 30
   b. 20 to 30
   c. 60 to 75
   d. 80 to 140

4. A normal respiratory rate for an infant 6–12 months old is _______ breaths per minute.
   a. 12 to 20
   b. 20 to 30
   c. 60 to 75
   d. 80 to 140

5. Monitor an infant’s airway continually: infants have proportionally ______ tongues—which, if relaxed, can easily _______ the airway.
a. smaller, open  
b. smaller, block  
c. larger, block  
d. larger, open

6. Because a child’s body surface area is ____________ an adult’s, a child is more likely to suffer from hypothermia.
   a. equivalent to  
   b. larger than  
   c. the same as  
   d. smaller than

7. An infant’s head must maintain a(n) ____________ position during airway assessment so that her airway remains open.
   a. extended  
   b. flexed  
   c. neutral  
   d. lateral

8. Because of immature accessory muscles, infants and children use their ____________ to breathe.
   a. diaphragm  
   b. intestines  
   c. extremities  
   d. liver and spleen

9. The most common type of seizure in pediatric patients is the ____________ seizure.
   a. meningitis  
   b. traumatic  
   c. epileptic  
   d. febrile

10. A tip for the physical exam of a young pediatric patient is, if possible, to assess the child while she is:
    a. separated from the parent.
b. in the prone position.
c. in the supine position.
d. on the parent’s lap.
The Call: A Pediatric Emergency

Read the scenario. Then, in the space provided, answer the questions that follow.

Today you are the first to respond to a frantic call from the mother of a 10-month-old baby. She tells you that her son has been ill for several days and has been running a slight fever. She put the baby to bed a few hours ago; but when she went in to check on him, she found him shaking violently, and his eyes were rolled back.

You enter the baby’s room and observe that he appears to be very lethargic in the crib. He is wearing a blanket sleeper and is covered by a baby comforter and several blankets.

1. What should you suspect as the cause of the emergency?

2. How should you manage this situation?
Chapter 23 Review

In the space provided, write the word or words that best complete each sentence.

1. Regardless of how the parent of a pediatric patient behaves, treat him/her with _________________.

2. One way to keep the head of a pediatric patient from ________________, _______________ is to place a folded towel under the patient’s shoulders.

3. If an infant’s respirations are fewer than _______ per minute or a child’s respirations are fewer than _______ per minute, assist ventilations.

4. ______________, a common viral infection of the upper airway, can cause a child to make a “seal bark” sound.

5. A pediatric patient has the ability to compensate for blood loss for a(n) ________________ time than an adult can.

6. In an acute asthma attack, air is ____________ in the lungs and the chest becomes ________________.

7. Continually monitor pediatric patients, including taking ________________ vital signs.

8. If a child’s pulse is too rapid or too slow, check for other signs of problems, such as ________________ ________________ or shock.

9. A(n) ________________ blood pressure in a pediatric patient can be a late indicator of shock.

10. If capillary refill in an infant takes more than ________ seconds, suspect shock.

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Listing

Complete each listing activity on the lines provided.

1. Label the three sides of the Pediatric Assessment Triangle (PAT).

   A. ____________________________

   B. ____________________________

   C. ____________________________

2. List five common signs of respiratory distress in the pediatric patient.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

3. List six tips for conducting a physical exam.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
Answer Key

Handout 23-1: Chapter 23 Quiz
1. a
2. a
3. d
4. b
5. c
6. b
7. c
8. a
9. d
10. d

Handout 23-2: The Call: A Pediatric Emergency
1. From the mother’s description of the emergency, you should suspect that the baby has had a seizure.
2. Emergency care in this situation includes the following:
   • Maintain an open airway.
   • Loosen any clothing that is tight and make sure that the child is not overly bundled.
   • Place the patient in the recovery position.
   • Administer high-concentration oxygen.
   • Assess for injuries occurring during the seizure.
   • Obtain a baseline set of vital signs.
   • Obtain a SAMPLE history form the mother, including these specific questions:
     o Has the child had a seizure before?
     o How many seizures has the child had in the past 24 hours? What was done for them?
     o Has the child had a head injury, stiff neck, or recent headache? Does he have diabetes?
     o Is the child taking seizure medication? What has the doctor told you about the seizure disorder?
     o Could the child have ingested any other medications?
     o What did the seizures look like?
   • Provide an update report to the ambulance crew that arrives to transport the patient. (Specifically, notify about seizures lasting longer than a few minutes and reoccurring without a recovery period.)

Handout 23-3: Chapter 23 Review
1. courtesy (respect, understanding)
2. flexing forward
3. 20, 10
4. Croup
5. longer
6. trapped, inflated
7. frequent
8. respiratory distress (or head injury)
9. falling (low)
10. two (2)

Handout 23-4: Listing

1. A. Appearance  B. Breathing  C. Circulation
2. Any five of the following:
   • Noisy breathing (wheezing, stridor, crowing, grunting)
   • Cyanosis
   • Flaring nostrils
   • Retractions
   • Use of accessory muscles to breathe
   • Breathing with obvious effort
   • Extreme respiratory rate that is either too slow or too fast
   • Altered mental status
3. Any six of the following:
   • If possible and appropriate, assess the child while she is on the parent’s lap.
   • Be calm, reassuring, friendly, and confident.
   • Try to get on the child’s eye level (but do not stare).
   • Describe what you are doing and why.
   • Remember that young children take statements literally.
   • Talk to the child directly.
   • Be gentle (Keep painful procedures to end of assessment or treatment.)
   • Do not lie to the patient.
   • If the patient is uncooperative, ask her permission before examining or treating her.
   • Do not separate the child from the parent unless required for emergency care.
   • Restrain the child only when there is no other alternative and doing so is essential for treatment.
   • A stuffed animal may help win the child’s confidence.
Chapter 24: Special Considerations for the Geriatric Patient--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. Which of the following is a common change due to aging?
   a. More efficient digestion
   b. Lower blood pressure
   c. Increased lung capacity
   d. Weakened bone structure

2. Depression is ________ in the elderly.
   a. often imaginary
   b. common
   c. untreatable
   d. rare

3. In general, the force needed to cause injury in the elderly is ________ the force needed to cause injury in younger people.
   a. less than
   b. the same as
   c. more than
   d. unable to be compared to

4. Burns, falls, and vehicle crashes are the most ________ mechanisms of injury in the elderly.
   a. rare
   b. untreatable
   c. common
   d. often imaginary

5. Because sensitivity to pain is ________ in the elderly, suspect a serious illness or injury in any elderly patient’s complaint of pain.
   a. nonexistent
   b. increased
   c. unchanging
d. decreased

6. Fainting or near-fainting is ________ in the elderly.
   a. often imaginary
   b. common
   c. untreatable
   d. rare

7. Which of the following statements about assessment of an elderly patient is true?
   a. Address the patient as “dear”
   b. Speak to the patient, not a family member, when possible
   c. Take a position above the patient’s eye level
   d. Ask, “What’s wrong?” in order to get a concise response

8. The Emergency Medical Responder physical exam of an elderly patient ________ the physical exam for a younger adult.
   a. is the same as
   b. requires more documentation than
   c. is more thorough than
   d. is less thorough than

9. Which of the following statements about the assessment of an elderly patient is NOT true?
   a. Poorly functioning heating devices may create problems
   b. Curvature of the spine makes it easy to position the patient’s head
   c. Properly fitted false teeth can stay in place for artificial ventilation
   d. A patient’s lack of self-care should be noted

10. A beta-blocker, a type of medication that the elderly frequently take, is meant to:
    a. increase blood pressure.
    b. increase heart rate.
    c. decrease heart rate.
    d. decrease respiratory rate.

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The Call: An Elder’s Emergency

Read the scenario. Then, in the space provided, answer the questions that follow.

You have responded to an elderly patient who is having difficulty breathing. When you arrive, you stop at the doorway for a moment to notice the condition of the apartment. It appears to be neat and well cared for.

The patient is a 67-year-old male who is sitting upright in a chair. He has rapid respirations and wheezing. You ask why he has called EMS; he responds in short sentences, telling you that he is having trouble catching his breath and that he may be having an asthma attack. Your partner tells the patient that she wants to give him oxygen. While she is setting it up, you perform an initial assessment.

1. What is your priority for this patient’s care? Explain.

2. Why should you note the condition of the apartment?

3. While your partner takes the patient’s vital signs, you gather a SAMPLE history. While doing so, you ask him if he is taking any medications. He responds, “Can you speak, up, please? I don’t hear so well.” What can you do to solve this problem?

4. When you ask the patient what medications he takes, he says, “I don’t remember.” What can you do to find out this information?
Chapter 24 Review

In the space provided, write the word or words that best complete each sentence.

1. Common medical complaints in the elderly include chest __________________, __________________ breathing, fainting, and __________________ mental status.

2. Fainting in the elderly may be due to a variety of causes, including the __________________ of medication, heart problems, internal __________________, or changes in the blood vessels that supply the brain with __________________.

3. The most common mechanisms of injury in the elderly are _______________, _______________, and vehicle _______________.

4. An older adult with a substance-abuse problem, mental illness, or a condition such as Alzheimer’s disease may become __________________. Be sure to keep safety a priority at all times.

5. During assessment, take a position at the elderly patient’s _______________ level. It is less intimidating than towering over him. You also might offer a handshake to establish rapport and at the same time note his skin __________________, his ability to __________________, and his ability to __________________.

6. For your general impression, be sure to note whether or not the elderly patient appears to be __________________, well groomed, and cared for.

7. Keep in mind that an elderly patient who has had a stroke may have difficulty __________________, __________________, or clearing the airway of secretions.

8. Correct positioning of the _______________ and _______________ for airway care may be a challenge due to a __________________ of the spine that occurs with aging.

9. For artificial ventilation of an elderly patient, it may be easier to form a mask seal if you leave properly fitting __________________ in place.

10. Bleeding control in the elderly patient may be more __________________ if the patient is taking __________________ or other blood-thinning medications.
True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. Perspiration decreases in older adults, which can contribute to heat-related emergencies.  
   
2. The ability of the heart to contract with force increases with age.  
   
3. If an elderly patient’s mental status decreases in the level of responsiveness, it may be the first indication of shock.  
   
4. Elderly women are less susceptible to infections of the urinary tract than are younger women.  
   
5. Fever will always be present as a sign of infection in elderly patients.  
   
6. Clues that the Emergency Medical Responder may observe in a depressed elderly patient include poor hygiene, poor eating habits, and a disorderly living situation.  
   
7. The Emergency Medical Responder should confront the suspected abuser of an elderly person.  
   
8. Increased sensitivity to pain is a function of the aging process.  
   
9. When approaching an elderly patient, focus on her rather than on a caregiver or family member.  
   
10. Bleeding control in the elderly may be more difficult if the patient is taking aspirin or other blood-thinning medications.
Answer Key

Handout 24-1: Chapter 24 Quiz
1.  d
2.  b
3.  a
4.  c
5.  d
6.  b
7.  b
8.  a
9.  b
10. c

Handout 24-2: The Call: An Elder’s Emergency
1. Your priority is the patient’s airway. You should ensure an open airway and then assess the need for ventilator assistance and oxygen therapy.
2. The condition of the apartment could provide clues to the patient’s ability to take care of himself. This observation can give hospital personnel clues to the patient’s physical and mental conditions.
3. You may need to speak a bit louder than normal, but don’t shout. It may help the patient if he can see your mouth while you speak, so position yourself in front of him. Also, since higher-pitched tones may be less easily heard by an elderly patient, someone with a deep voice may be more successful at communicating. You might also try writing your questions.
4. Ask the patient where he keeps his medications; then read the labels yourself. Make note of each one and include the information in your handoff report.

Handout 24-3: Chapter 24 Review
1.  pain, difficulty, altered
2.  side effects, bleeding, oxygen
3.  falls, burns, collisions (crashes)
4.  violent
5.  eye, condition (temperature), move, follow directions (respond appropriately)
6.  clean
7.  chewing, swallowing
8.  head, neck, curvature
9.  dentures (false teeth)
10. difficult, aspirin

Handout 24-4: True or False
1.  T
2.  F
3.  T
4.  F
5.  F
6. T
7. F
8. F
9. T
10. T

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EMR 9
Chapter 25: Introduction to EMS Operations and Hazardous Response--Quiz

Circle the letter of the best answer to each multiple-choice question.

1. Which of the following components is NOT part of the daily safety inspection for a response vehicle?
   a. Communications equipment
   b. Outside of vehicle
   c. Siren and horn
   d. Medical equipment

2. An Emergency Medical Responder who is ruled at fault in a motor-vehicle crash may be held liable for:
   a. traffic infraction and civil liability only.
   b. civil liability only.
   c. civil and criminal liability.
   d. criminal liability only.

3. The EMS vehicle that the Emergency Medical Responder responds in should be inspected:
   a. daily.
   b. monthly.
   c. weekly.
   d. bi-weekly.

4. When using warning lights and the siren, the driver of an emergency vehicle should exercise:
   a. the right-of-way in emergencies.
   b. due regard for the safety of others.
   c. warning signal rules for emergency vehicles.
   d. rules for emergency response.

5. What is a factor in more than half of motor-vehicle crashes involving emergency vehicles?
   a. Weather
b. Road conditions  
c. Impaired driving  
d. Speed  

6. You are approaching a vehicle from behind while driving with emergency lights. What should you do?  
a. Speed up and don’t tailgate  
b. Slow down and don’t tailgate  
c. Speed up and move to the right  
d. Move up close to the vehicle until it pulls to the right  

7. When approaching the scene of an EMS call, the Emergency Medical Responder should survey the scene for:  
a. 360 degrees.  
b. 270 degrees.  
c. 180 degrees.  
d. 90 degrees.  

8. The minimal amount of protection that an Emergency Medical Responder should wear is:  
a. eye protection.  
b. respiratory protection.  
c. latex-free gloves.  
d. turnout gear.  

9. The first duty of all emergency personnel is:  
a. frequent radio transmissions with dispatch.  
b. scene management.  
c. appropriate transfer of care.  
d. safety.  

10. After receiving your transition report, the EMTs and Paramedics may:  
a. re-interview the patient.  
b. use all EMR information to complete their PCR.  
c. ask you to continue their BLS care before leaving the scene.  
d. ask the EMR to re-interview the patient.
11. The manufacturer’s information about the chemicals contained in a product is found on a(n):
   a. material safety data sheet.
   b. medical and safety information document.
   c. information sheets on risks and hazards.
   d. alert for safety and medical issues.

12. The placard that the United States Department of Transportation requires on containers used to transport hazardous materials is in the shape of a:
   a. square.
   b. diamond.
   c. rectangle.
   d. circle.

13. Buildings containing hazardous material should post a sign with a label that is divided into four parts. The left quadrant of the label is blue and contains a numerical rating for the substance’s ________ hazard.
   a. health
   b. special
   c. fire
   d. explosive/reactivity

14. The United States Department of Transportation classifies hazardous materials into how many classes of hazards?
   a. 3
   b. 6
   c. 9
   d. 12

15. In a hazmat incident, patient contamination can occur in the:
   a. cold zone.
   b. warm zone.
   c. temperate zone.
   d. safe zone.
The Call: Reckless and Disastrous

Read the scenario. Then, in the space provided, answer the questions that follow.

Here I am, sitting in court, getting ready to tell what happened. Let me tell you first.

We were responding to a call for a cardiac arrest with citizen CPR in progress. Traffic was heavy, and we had to make time, so I didn’t spare the horses, as they say. We did our best to keep up speed, going across the lanes wherever we could find an opening. But not all cars were moving out of our way, so I had to nudge up to their rear ends and give them a blast of my siren a few times. We were going about 30 mph when we drove through the intersection, so the car that broadsided us must have run the light or something. I had the red, but it should have changed by the time I was in the intersection; besides, didn’t she hear the siren? Next thing I know there’s a crash, my partner is on top of me, and the rig’s rolling onto its side. My arm got busted, and so did a few of my partner’s ribs. We were lucky, though: the woman who hit us died.

Anyway, a couple of days later, I was back at the station when a police officer arrested me for reckless endangerment. Now, I’m waiting for the grand jury.

1. What factors contributed to the collision?

2. Did the driver of the emergency vehicle show due regard for the safety of others? Explain.
Chapter 25 Review

In the space provided, write the word or words that best complete each sentence.

1. In preparation for an emergency response, all emergency vehicles should receive a ______________ safety inspection.

2. If you find that fluids are low on the emergency response vehicle, refill only with ______________ ______________ products.

3. ______________ is the first consideration in every 911 response.

4. The legal standard for emergency vehicle operations is “____________ ______________ ______________ for the safety of others.”

5. ______________ is a factor in more than half of all motor-vehicle crashes involving emergency vehicles.

6. When approaching a vehicle from behind while driving in emergency traffic, give the driver time to ___________ you and ____________

7. When approaching an intersection in the emergency response mode, ______________ ______________ in your lane of traffic or come to a ______________ ______________ if the light in your lane of travel is red.

8. When parking at the scene of an incident, such as a motor-vehicle crash, choose a location that is ______________ and ______________ from the scene.

9. Fatigue can cause delayed ______________ ______________ and poor ________________

10. Make sure that ________________ is notified of changing conditions and any time that you have to evacuate the scene.

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True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. An emergency vehicle with a malfunctioning radio system and no backup system can remain in service.
2. Safety is the first consideration in every 911 call response.
3. It is possible to “outrun” the sound of a siren on an emergency call.
4. If you, as an Emergency Medical Responder, come across an aggressive driver, slow down and back off.
5. When approaching a vehicle from behind while driving in emergency traffic, speed up and move in close so that the driver can see you.
6. When approaching the scene, take a 180-degree survey and look for hazards like downed utility lines.
7. Once a scene is secure, it will remain that way throughout the call.
8. An Emergency Medical Responder should never allow himself to be cut off from an exit.
9. An Emergency Medical Responder should always expect the EMT/Paramedic on the transporting ambulance to re-interview the patient.
10. The Emergency Medical Responder should remember that in the world of mass media, you can never tell when you being recorded.

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Answer Key

Handout 25-1: Chapter 25 Quiz
1. b
2. c
3. a
4. b
5. d
6. b
7. a
8. c
9. d
10. a
11. a
12. b
13. a
14. c
15. b

Handout 25-2: The Call: Reckless and Disastrous
1. Factors contributing to the collision include the following:
   - Speed when entering the intersection (should have slowed down, or should have come to a full stop before proceeding)
   - Failure to confirm that the light had turned green (should not have just guessed when it would)
   - Failure to yield at the intersection (did not use due regard)
   - Perhaps an attempt to outrun the siren
   - Perhaps tailgating (should have slowed down at this point)
2. No; the Emergency Medical Responder clearly contributed to the motor-vehicle crash, for the reasons given in the previous answer.

Handout 25-3: Chapter 25 Review
1. daily
2. manufacturer’s approved
3. Safety
4. with due regard
5. Speed
6. see, react
7. slow down, complete stop
8. uphill, upwind
9. reaction time, decision-making
10. dispatch

Handout 25-4: True or False
1. F
2. T
3. T
4. T
5. F
6. F
7. F
8. T
9. F
10. T

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Chapter 26: Introduction to Multiple-Casualty Incidents, the Incident Command System, and Triage—Quiz

Circle the letter of the best answer to each multiple-choice question.

1. How many major components are there in the National Incident Management System (NIMS)?
   
   a. 4  
   b. 10  
   c. 6  
   d. 12

2. An incident commander:
   
   a. is specifically responsible for overseeing the patient’s care.  
   b. bears overall responsibility for an incident.  
   c. oversees only the operations and logistics sectors of an incident.  
   d. does only those tasks that are assigned by unified command.

3. Which of the following is part of the command and management component of the National Incident Management System (NIMS)?
   
   a. Public information system  
   b. Planning  
   c. Mutual aid  
   d. Supporting technologies

4. The preparedness component of National Incident Management System (NIMS) is generally undertaken:
   
   a. at the start of the incident.  
   b. during the incident.  
   c. after the incident.  
   d. prior to the incident.

5. Which component of the National Incident Management System (NIMS) sets up processes for collecting and disseminating data and material after an incident?
a. Resource management
b. Communications and information management
c. Supporting technologies
d. Ongoing management and maintenance

6. Which statement about the design of the incident command system (ICS) is accurate?
   a. It is the same in every location but should be adjusted to the type of response
   b. It is a flexible application that will vary by the type of incident
   c. It has regional variations, depending upon the type of incident
   d. It is the same in any location and for any type of response

7. Unity of command means reporting to:
   a. someone at the scene and someone else at a command post.
   b. numerous supervisors at the same time.
   c. only one supervisor.
   d. the senior officer from each agency on a scene.

8. For a manageable span of control, each supervisor is responsible for no more than ________ elements.
   a. 3 to 7
   b. 5 to 9
   c. 9 to 12
   d. 12 to 15

9. Which element of the incident command system (ICS) tracks and provides an accounting of resources from mobilization and demobilization?
   a. Planning
   b. Finance/administration
   c. Logistics
   d. Operations

10. If an Emergency Medical Responder is first on the scene of an event with numerous casualties, she must:
    a. try to find out what happened.
b. move around the scene to triage patients.
c. start treating patients by herself.
d. take the role of incident commander.

11. The goal of managing a MCI is to quickly and effectively:

a. notify dispatch, triage, and establish sectors.
b. triage, transport, and ensure even patient distribution to hospitals.
c. get resources, triage, and transport.
d. triage, treat, and transport.

12. What triage system, meant for pediatric patients, was designed to be accomplished with no equipment and with minimal training?

a. JumpSTART
b. PediSTART
c. SmallSTART
d. FastSTART

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The Call: Incident Command Being First on the Scene

Read the scenario and answer the questions that follow.

On a rainy night you are notified of a bus accident on Highway 21. Based on the information from dispatch, you expect to find approximately 20 seniors at the scene. You respond immediately from your station and realize from the dispatcher updates that you are expected to be first on the scene. The police, first response agencies, and ambulances will not arrive for about five to ten minutes afterward.

You arrive on the scene in five minutes. As anticipated, you are the first emergency responder on the scene.

1. Under the incident command system, what should be your first action after doing a safety check of the scene?

A quick survey of the scene identifies 20 victims—12 who are walking around; five more who are on the bus and are asking for assistance; and another three who are unconscious, with one possibly needing extrication. There is need for traffic control. You also observe that an electric pole was hit by the bus but that no wires appear to be down.

2. What should you do next? (Be specific.)
Chapter 26 Review

In the space provided, write the word or words that best complete each sentence.

1. The _______________ __________________ _______________ forms a unified structure for public and private entities to work together to respond in all types of domestic incidents.

2. _______________ and __________________ is based on three systems: an incident command system, a multiagency coordination system, and a public information system.

3. The _______________ component of the National Incident Management System (NIMS) is generally undertaken prior to an incident.

4. The supporting technologies component is designed to ensure that _______________ systems are both functional and interoperable.

5. In _______________ ____ ________________, each element reports to one supervisor only.

6. There are ________ common elements of the incident command system (ICS) structure.

7. For a manageable _______________ ____ _______________, each supervisor should be responsible for no more than three to seven elements (people).

8. _______________ means the provision of resources to carry out incident objectives.

9. The _______________ _______________ is the person who bears overall responsibility for an incident.

10. An incident command system is easily _______________ and _______________, meaning that it can be used on any size incident.

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True or False

Indicate if each of the following statements is true or false by writing T or F in the space provided.

1. The National Incident Management System (NIMS) is federally mandated. T
2. The National Incident Management System has ten (10) major components. T
3. The incident command system (ICS) is one system that provides the basis for the command and management component of NIMS. T
4. In a unified command, all agencies work together to establish goals and make decisions. T
5. A manageable span of control is eight to 12 elements (people). T
6. Logistics is the incident command system (ICS) element responsible for tracking resources from mobilization to demobilization. T
7. Mutual aid ensures the means to assist other jurisdictions with resources. T
8. The incident command system (ICS) is an organizational method that is designated to be different for each jurisdiction as well as applied differently for each type of response. T
9. The operations element of the incident command system (ICS) carries out all incident objectives. T
10. The incident commander is the person who bears overall responsibility for the incident. T
Answer Key

Handout 26-1: Chapter 26 Quiz
1. c
2. b
3. a
4. d
5. b
6. d
7. c
8. a
9. b
10. d
11. d
12. a

Handout 26-2: The Call: Incident Command and Being First on the Scene
1. Assume the role of incident commander. (While command may transfer after more emergency response agency workers arrive, it is imperative that structure and organization at the scene be established as soon as possible.)
2. Notify the dispatcher. Give a summary of the scene, the number of patients, any hazardous conditions (electric pole, road conditions, and so on) that responding units need to know about, where units should stage (park) and what additional resources may be needed.

Handout 26-3: Chapter 26 Review
1. National Incident Management System (NIMS)
2. Command, management
3. preparedness
4. communications
5. unity of command
6. five (5)
7. span of control
8. Logistics
9. incident commander
10. expandable, retractable

Handout 26-4: True or False
1. T
2. F
3. T
4. T
5. F
6. F
7. T
8. F
9. T
10. T

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