

Name _____ **October 2020** Service _____

1. Which of the following should be included in routine personal protective equipment for the reduction/prevention of transmission of airborne diseases such as COVID-19?
 - a. Face shield
 - b. N95 rated mask/respirator
 - c. Gloves
 - d. All of the above
 - e. None of the above

2. In a patient with altered level of consciousness, what physical exam finding may indicate a seizure as the likely cause?
 - a. Fever
 - b. Wheezing
 - c. Pinpoint pupils
 - d. Urinary incontinence

3. You arrive to find an obtunded patient with sonorous respirations. There are no obvious signs of trauma. What is the first step?
 - a. RSI
 - b. I-Gel insertion
 - c. Head-tilt chin-lift
 - d. Nasal cannula

4. Which of the following is present in a tension pneumothorax, but NOT in a simple pneumothorax?
 - a. Hypotension
 - b. Absent breath sounds on one side
 - c. Shortness of breath
 - d. Hypoxia

5. You are called to a middle aged male subject whose wife states he isn't acting normally and his speech is different. You find him with a patent airway, good breath sounds, and strong radial pulses. What is the next best step in management?
 - a. Rapid transport to a comprehensive stroke center
 - b. RSI
 - c. Check fingerstick blood glucose
 - d. Give aspirin

6. Which of the following is an absolute contraindication for the use of CPAP?
 - a. Suspected pneumothorax
 - b. History of failed CPAP use in the past
 - c. Nausea without vomiting
 - d. Age 15 years

7. Which of the following should be used to monitor a patient after he or she has been given a sedative medication for agitation?
 - a. Capnography
 - b. SpO₂
 - c. Telemetry (cardiac monitor)
 - d. All of the above
 - e. None of the above

8. You respond to a local long term nursing facility for a confused patient. She is awake and talking, not in respiratory distress, but agitated. Vital signs include heart rate 137, blood pressure 83/45, respiratory rate 20, and temperature of 95.9. Exam is notable for rales in the upper right lung field, and clear elsewhere. What is the best management for this patient?
 - a. CPAP
 - b. IV fluid bolus of 500mL then reassess
 - c. Change battery on thermometer
 - d. Ketamine

9. In a patient suspected of having a tension pneumothorax in respiratory distress, what is the most appropriate management?
 - a. Needle decompression with a 14g needle in the 2nd intercostal space at the midclavicular line
 - b. Bag-valve-mask ventilation
 - c. Needle decompression with a 14g needle in the 5th intercostal space at the anterior axillary line
 - d. Chest compressions

10. In which of the following scenarios should you use versed for pre-intubation sedation instead of ketamine?
 - a. Bronchospasm in an asthmatic patient
 - b. Evidence of cardiac ischemia on 12-lead EKG
 - c. Major trauma
 - d. All of the above
 - e. None of the above

11. You are a BLS crew dispatched for a 78 yo male, (lethargic). Deputies have deemed the scene is safe. You enter a rear bedroom and see the Pt in bed, slow to respond, irregular breathing. Your initial action is?
 - a. Provide hyper oxygenation sedate and intubate
 - b. I-gel and ventilate to and ETCO₂ between 35-45
 - c. Form a general impression and asses ABC's
 - d. Call for ALS intercept

12. Your BLS crew is dispatched to a long term nursing facility for a confused patient. At patient side you find a 69 yo female in bed, altered, pale, diaphoretic, quite warm to the touch. Along with assessing and addressing ABC's, while your awaiting ALS you would:

Circle all that apply.

- a. Iv fluid bolus of 500ml
 - b. GFAST
 - c. EKG
 - d. Induce Hypothermia
 - e. finger stick
 - f. obtain Hx and vitals
 - g. Wait for paramedics
13. On a potentially critical patient precious time could be wasted on a BLS assessment when an ALS intervention is obvious.
- a. True
 - b. False