

Pediatrics/OBGYN Practice

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Rob Clawson

Annotated Answer Key

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1. Provider Level: EMT Reading Level: 12.0 Bloom Level: Comprehensi Cut Score: 0.45
ID: 822 Curriculum(s): ES: MT6, MTO: 4-4-1, NR2011: ME4, NR2015: ME5

- A: Hypoglycemia.
- B: Insulin shock.
- C: Hyperglycemia.
- D: Cerebral hypoglycemia.

Polydipsia, polyphagia, and polyuria are all related to dehydration, part of the pathophysiology of diabetes.

2. Provider Level: EMT Reading Level: 3.7 Bloom Level: Knowledge (Cut Score: 0.36
ID: 476 Curriculum(s): ES: SP2, MTO: 4-9-13, NR2011: OB7, NR2015: ME11

- A: Airway.
- B: Activity.
- C: Alertness.
- D: Appearance.

The first A stands for Appearance. The second A stands for Activity.

3. Provider Level: EMT Reading Level: 9.7 Bloom Level: Knowledge (Cut Score: 0.90
ID: 975 Curriculum(s): ES: PR6, MTO: 3-6-5, NR2011: OP26, NR2015: OP5

- A: Annoyance.
- B: Anger.
- C: Depression.
- D: Acceptance.

The most common feelings experienced during a reassessment will be annoyance, embarrassment, or fear. The other feelings may occur but are not as common.

4. Provider Level: EMT Reading Level: 10.4 Bloom Level: Comprehensi Cut Score: 0.45
ID: 364 Curriculum(s): ES: AM1, MTO: 3-2-4, NR2011: AB3, NR2015: AB1

- A: Sounds of snoring.
- B: Sounds of wheezing.
- C: Equal chest rise and fall.
- D: Breathing rate and effort.

Sounds of snoring would indicate a problem with the upper airway. Wheezing would be a lower airway issue. The other two are assessments of breathing.

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5. Provider Level: EMT Reading Level: 9.4 Bloom Level: Knowledge (Cut Score: 0.45
ID: 317 Curriculum(s): ES: OP6, MTO: 3-1-3, NR2011: OP23, NR2015: OP3

- A: 0-50 feet.
- B: 50-100 feet.
- C: 100-150 feet.
- D: 150-200 feet.

At a normal accident scene with no apparent hazards, you should park your vehicle anywhere from 50-100 feet from the accident scene based on whichever text you reference.

6. Provider Level: EMT Reading Level: 9.6 Bloom Level: Comprehensi Cut Score: 0.36
ID: 318 Curriculum(s): ES: OP1, MTO: 3-1-3, NR2011: OP11, NR2015: OP2

- A: Bystanders.
- B: Hazardous materials.
- C: Downed power lines.
- D: Other responding emergency units.

At this distance, the only expected hazard would be other responding emergency units.

7. Provider Level: EMT Reading Level: 12.0 Bloom Level: Analysis (Co Cut Score: 0.36
ID: 443 Curriculum(s): ES: MT9, MTO: 4-6-9, NR2011: ME10, NR2015: ME7

- A: So the hospital can give you information regarding the expected effects of the poison.
- B: The hospital will need additional time to prepare for a poisoning or overdose patient.
- C: Some substances can be minimized or neutralized with common household substances.
- D: So the hospital can acquire the antidote in a timely fashion so that it is available when you arrive.

Some substances can be minimized or neutralized by common household substances. Also, early intervention can minimize the effects of the poison.

8. Provider Level: EMT Reading Level: 12.0 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 2075 Curriculum(s): ES: PR5, MTO: 3-7-2, NR2011: OP32, NR2015: OP3

- A: Repeating unit and provider identification.
- B: A brief history of the event prior to the call for help.
- C: Estimated time of arrival and patient's chief complaint.
- D: Patient's past medical history and response to care.

Radio reports to hospitals typically start with who is transporting and why. Then the providers will advise on the age, sex, and chief complaint. They might then give a brief history of the event and treatment being delivered.

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9. Provider Level: EMT Reading Level: 8.6 Bloom Level: Comprehensi Cut Score: 0.60
ID: 3868 Curriculum(s): ES: ST2, MTO: 3-3-5, NR2011: AB3, NR2015: AB6

- A: Check to see if the patient has a pulse.
- B: Logroll the patient on her side and clear the vomit.
- C: Place a c-collar and backboard the patient prior to movement.
- D: Continue with your assessment to find all life-threatening injuries.

Opening and maintaining the airway of any patient is primary. Performing a logroll attempting to stabilize the spinal column must be done, but clearing the airway should come before any further assessment or treatment can be performed.

10. Provider Level: EMT Reading Level: 7.0 Bloom Level: Comprehensi Cut Score: 0.60
ID: 377 Curriculum(s): ES: ST1, MTO: 3-2-16, NR2011: TR1, NR2015: TR1

- A: Fever.
- B: Hypoxia.
- C: Heat exposure.
- D: Hypoperfusion or shock.

Cold and clammy skin is most commonly associated with shock. Fever and heat exposure will cause the skin to be warm. Hypoxia could cause cold or warm skin based on the cause.

11. Provider Level: EMT Reading Level: 7.5 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1185 Curriculum(s): ES: ST1, MTO: 4-3-17, NR2011: CA3, NR2015: CA3

- A: One electrode is applied over the right breast near the clavicle.
- B: One electrode is placed directly on the breast bone.
- C: Apply the negative electrode to the scapula area.
- D: Pads are placed immediately after determining unresponsiveness.

The negative electrode's preferred location is over the right breast near the clavicle. Read the other options carefully and picture what they are describing.

12. Provider Level: EMT Reading Level: 5.8 Bloom Level: Application (Cut Score: 0.60
ID: 1631 Curriculum(s): ES: PR4, MTO: 3-8-3, NR2011: OP34, NR2015: OP6

- A: Scribble over the false section and write it differently, then submit an incident report reflecting the event.
- B: Draw a straight line through the false section and rewrite that section accurately.
- C: Rewrite the entire run form and destroy the original.
- D: Leave it as originally written and submit as is.

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When writing a legal document like an EMS run form, you should always make sure the form is accurate and neat. Therefore, you should neatly cross out the incorrect statement and write it correctly. Scribbling out the text leads to unnecessary suspicion. Starting over is unnecessary.

13. Provider Level: EMT Reading Level: 12.0 Bloom Level: Knowledge (Cut Score: 0.60
ID: 852 Curriculum(s): ES: PR3, MTO: 4-9-7, NR2011: OP1, NR2015: ME4

- A: Gloves only.
- B: Gloves and shoe covers.
- C: Gloves, gowns, and shoe covers.
- D: Gloves, gown, and goggles.

OSHA mandates that gloves, a gown, and goggles are the appropriate BSI precautions for delivery of a fetus.

14. Provider Level: EMT Reading Level: 9.5 Bloom Level: Application (Cut Score: 0.45
ID: 960 Curriculum(s): ES: MT2, MTO: 4-4-3, NR2011: CA7, NR2015: CA4

- A: Recovery position.
- B: Supine position.
- C: Fowler's position.
- D: Trendelenburg position.

The recovery position offers the most protection against potential aspiration of vomitus or secretions.

15. Provider Level: EMT Reading Level: 7.2 Bloom Level: Application (Cut Score: 0.45
ID: 1812 Curriculum(s): ES: SP3, MTO: 6-1-14, NR2011: OB11, NR2015: TR7

- A: Avoid using an oxygen mask, as he will likely resist it being used.
- B: Remember to elevate the feet of the patient to reduce swelling of the brain.
- C: Use padding along the side of the patient when immobilizing to a standard backboard.
- D: Place the patient on his side until transport arrives to prevent complications from vomiting.

When applying a standard size backboard to a 5-year-old, it becomes necessary to place towel rolls or other padding along the side of the patient so he fits snugly to the device. Currently there are no medical guidelines that suggest that elevating the feet decreases brain swelling. Positioning the patient on his side can be harmful if you suspect a spinal cord injury. Finally, you should not assume a child will fight the oxygen mask. You should attempt to use it on a trauma patient with a significant mechanism of injury.

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16. Provider Level: EMT Reading Level: 7.2 Bloom Level: Evaluation (C) Cut Score: 0.60
ID: 4495 Curriculum(s): ES: SP3, MTO: 6-1-4, NR2011: OB7, NR2015: AB6

- A: Cardiac arrest.
- B: Respiratory failure.
- C: Additional infection.
- D: Additional viral illness.

A lot of children can have croup during the time of year when a lot of viral and bacterial illnesses are present. Not all children develop serious illness. This child has signs of respiratory distress and must be monitored closely for the development of respiratory failure.

17. Provider Level: EMT Reading Level: 8.4 Bloom Level: Synthesis (C) Cut Score: 0.90
ID: 4415 Curriculum(s): ES: MT6, MTO: 4-4-1, NR2011: ME4, NR2015: ME5

- A: Obesity.
- B: Diabetes.
- C: Alcoholism.
- D: Hypoglycemia.

Metformin is a very common anti-hyperglycemic agent that is given to diabetic patients.

18. Provider Level: EMT Reading Level: 9.4 Bloom Level: Comprehensi Cut Score: 0.45
ID: 380 Curriculum(s): ES: PA2, MTO: 3-2-20

- A: To rapidly determine if the scene is safe.
- B: To determine major immediate life threats.
- C: To quickly determine if an emergency move is necessary.
- D: To determine which assessment approach to perform next.

The scene safety determination should occur before you obtain a general impression of a patient.

19. Provider Level: EMT Reading Level: 7.5 Bloom Level: Comprehensi Cut Score: 0.60
ID: 452 Curriculum(s): ES: MT2, MTO: 4-4-3, NR2011: ME2, NR2015: ME1

- A: Assessing the patient.
- B: Protecting the airway.
- C: Preventing further injury.
- D: Loosening restrictive clothing.

The primary concern for a patient in the postictal phase is protecting the airway, as the patient will often drool and may not yet have the ability to protect his own airway. Note: This is not actually an objective within the Basic EMT curriculum.

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20. Provider Level: EMT Reading Level: 5.8 Bloom Level: Comprehensi Cut Score: 0.45
ID: 3786 Curriculum(s): ES: PR10, MTO: 4-3-12

- A: Doing just fine.
- B: Circulating blood.
- C: No longer functioning.
- D: Experiencing fibrillation.

A heart attack is a myocardial infarction. This is damage to the heart muscle, but the heart is still functioning. In cardiac arrest, the heart may be in fibrillation, but it is not circulating any blood.

21. Provider Level: EMT Reading Level: 9.1 Bloom Level: Knowledge (Cut Score: 0.60
ID: 369 Curriculum(s): ES: MT10, MTO: 3-2-8, NR2011: AB1, NR2015: AB2

- A: Ventilate with room air.
- B: Place him on a nasal cannula.
- C: Apply high-concentration oxygen.
- D: Ventilate with supplemental oxygen.

A patient with inadequate breathing should have his breathing assisted while receiving supplemental oxygen.

22. Provider Level: EMT Reading Level: 9.1 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1509 Curriculum(s): ES: PA1, MTO: 3-1-1, NR2011: OP4, NR2015: OP3

- A: A curious onlooker.
- B: Unseen hazards in the garage.
- C: A dog in the fenced-in backyard.
- D: The anxious family member who called 911.

The unseen hazards in the garage, such as carbon monoxide or other related toxic or explosive gases, would present the greatest immediate potential threat. The dog in the backyard is a potential hazard; however, it does not represent as great a threat as those located where the patient currently is. Though the potential always exists for threat to safety from other people, the other two choices are very minimal threats.

23. Provider Level: EMT Reading Level: 7.1 Bloom Level: Application (Cut Score: 0.60
ID: 1640 Curriculum(s): ES: SP3, MTO: 6-1-6, NR2011: OB9, NR2015: AB6

- A: Deliver 5 chest thrusts to clear the airway.
- B: Perform a finger sweep to clear the throat of any debris.
- C: Look in the patient's mouth with a jaw-lift maneuver.
- D: Attempt to ventilate the infant with a bag-valve-mask.

After delivering 5 back blows, you would then deliver 5 chest thrusts. This is repeated until the child becomes unresponsive.

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24. Provider Level: EMT Reading Level: 9.4 Bloom Level: Application (Cut Score: 0.45
ID: 1175 Curriculum(s): ES: ST1, MTO: 4-3-27, NR2011: CA3, NR2015: CA3

- A: Initiate the automated external defibrillator sequence for immediate defibrillation.
- B: Start compressions as you direct your partner to stop the vehicle.
- C: Begin rescue ventilations.
- D: Place an airway device.

If the patient goes into cardiac arrest during transport, you should have your partner stop the vehicle and come back to assist you. The vehicle must be stopped to initiate an AED analyze mode. Your focus should be on delivering an AED shock as soon as possible. While the vehicle is stopping, you should also initiate CPR.

25. Provider Level: EMT Reading Level: 10.5 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1292 Curriculum(s): ES: SP3, MTO: 6-1-16, NR2011: OB12, NR2015: OP3

- A: Ask for specific details and ask why he believes that he was assaulted.
- B: Have the police respond to the scene before you transport to the emergency room.
- C: Notify the emergency room staff of his statement and fill out the required paperwork.
- D: Contact child protective services by telephone and anonymously report this situation.

All of these options may be tempting. However, the only correct answer is to report it to the emergency room staff during your standard hand-off report, then fill out a suspected child abuse form. In most states this plan is clearly defined by law. You must assure this information is reported to the proper authorities. Asking the patient the details of the event or calling police to the scene are not the BEST recommendations for EMS to take.

26. Provider Level: EMT Reading Level: 7.0 Bloom Level: Analysis (Co Cut Score: 0.90
ID: 1794 Curriculum(s): ES: SP1, MTO: 4-9-6, NR2011: OB2, NR2015: ME11

- A: It will protect the rescuers from civil liability later.
- B: Relatives can serve as legal witnesses for the EMS run form.
- C: If needed, relatives or friends could assist with the delivery.
- D: Calling a friend or relative could comfort the patient.

Delivery of a new baby can be stressful for a new mom. Calling for a friend or family member could make her feel better during this stressful time. Our job requires us to think about the emotions of a patient.

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27. Provider Level: EMT Reading Level: 11.7 Bloom Level: Knowledge (Cut Score: 0.36
ID: 4526 Curriculum(s): ES: ST1, MTO: 4-3-28, NR2011: CA4, NR2015: CA3

- A: 5 to 6 cm.
- B: 2 to 3 inches.
- C: At least 2 inches.
- D: One-third to one-half the thickness of the chest.

According to the 2015 AHA Guidelines, the depth of compression for the adult should be 5 to 6 cm (2-2.4 inches). This is the result of a study showing that excessive chest compressions do more harm than good.

28. Provider Level: EMT Reading Level: 12.0 Bloom Level: Comprehensi Cut Score: 0.60
ID: 434 Curriculum(s): ES: MT7, MTO: 4-8-9, NR2011: ME22, NR2015: ME6

- A: We may make a borderline patient suicidal.
- B: Treating the patient in a hurry can make the situations worse.
- C: You need to take time so that the hospital can prepare for the patient.
- D: The underlying cause of behavioral emergencies is psychological.

Treating the patient in a hurry will make the situation worse. The other choices are either irrelevant or incorrect.

29. Provider Level: EMT Reading Level: 4.9 Bloom Level: Evaluation (C Cut Score: 0.90
ID: 4490 Curriculum(s): ES: ST11, MTO: 4-7-2, NR2011: ME14, NR2015: TR5

- A: Let him walk out of the woods.
- B: Let him walk part way and ride part way out.
- C: Move him gently to the sled and pull him out.
- D: Wait until a motorized vehicle can come for him.

Patients with frostbite should be moved very carefully to avoid any further damage to the injured area. A patient with frostbite on the toes should not be allowed to walk. He should be lifted to your sled and pulled out. If you and others are unable to pull him all the way, more resources should be called.

30. Provider Level: EMT Reading Level: 9.5 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1191 Curriculum(s): ES: MT8, MTO: 4-3-42, NR2011: CA1, NR2015: CA1

- A: Heart rate of 100.
- B: Respirations of 20.
- C: Blood pressure of 88/42.
- D: Complaint of nausea.

You may not assist a patient with nitroglycerin if she is hypotensive. This medicine can cause her blood pressure to drop further. Nitro is also contraindicated in cases of severe bradycardia (<60) or tachycardia (>100). Nausea is not an absolute contraindications but could be a consideration when deciding to assist a patient with nitroglycerin.

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31. Provider Level: EMT Reading Level: 9.9 Bloom Level: Knowledge (Cut Score: 0.60
ID: 341 Curriculum(s): ES: PR5, MTO: 3-7-2, NR2011: OP32, NR2015: OP3

- A: Baseline vitals.
- B: Chief complaint.
- C: Physical findings.
- D: Emergency care provided.

Of the choices listed, the chief complaint should occur first as this gives the listener an ability to anticipate what findings should occur through the remainder of the report and to then notice anything out of the ordinary.

32. Provider Level: EMT Reading Level: 8.4 Bloom Level: Comprehensi Cut Score: 0.45
ID: 376 Curriculum(s): ES: MT10, MTO: 3-2-15, NR2011: AB1, NR2015: AB3

- A: Fever.
- B: Hypoxia.
- C: Hypoperfusion or shock.
- D: Poor cardiac circulation.

Hypoxia will yield a cyanotic appearance. Shock will cause a pale look. Fever will cause the patient to look flushed. Poor cardiac circulation usually causes a mottled or ashen appearance.

33. Provider Level: EMT Reading Level: 9.7 Bloom Level: Comprehensi Cut Score: 0.45
ID: 1793 Curriculum(s): ES: SP1, MTO: 4-9-4, NR2011: OB2, NR2015: ME11

- A: The delivery of the placenta after a baby has been born.
- B: A small mixture of blood and mucous that precedes delivery.
- C: A large flow of bright red fluid indicating the placenta has ruptured.
- D: The tearing of the tissue between the vagina and the rectum during delivery of a large baby.

A bloody show indicates that the cervix is dilating and active labor is in progress. Delivery of the placenta is "after birth" and a large flow of bright red fluid does not match the typical description of a bloody show.

34. Provider Level: EMT Reading Level: 9.2 Bloom Level: Knowledge (Cut Score: 0.45
ID: 3666 Curriculum(s): ES: PR11, MTO: 6-1-1

- A: 6-18 years-old.
- B: 6-12 years old.
- C: 12-15 years old.
- D: 13-18 years old.

Adolescence is defined as someone within the ages of 13 to 18.

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35. Provider Level: EMT Reading Level: 7.4 Bloom Level: Analysis (Co Cut Score: 0.90
ID: 487 Curriculum(s): ES: MT4, MTO: 4-5-3, NR2011: ME7, NR2015: ME3

- A: Flushed skin and hives.
- B: Rapid heart rate.
- C: Swollen tongue.
- D: Runny nose.

The swollen tongue is indicative that the airway may become compromised. Though the nose is involved, the tongue is a more ominous sign.

36. Provider Level: EMT Reading Level: 8.4 Bloom Level: Knowledge (Cut Score: 0.60
ID: 363 Curriculum(s): ES: MT2, MTO: 3-2-3, NR2011: ME3, NR2015: ME1

- A: By shouting loudly.
- B: By performing a sternal rub.
- C: By flicking the soles of the feet.
- D: By pinching between the thumb and the forefinger.

You should assess the responsiveness of an infant by flicking the soles of the feet.

37. Provider Level: EMT Reading Level: 10.8 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 396 Curriculum(s): ES: MT2, MTO: 3-4-3, NR2011: ME3, NR2015: ME1

- A: A rapid secondary assessment (rapid physical survey).
- B: A complete secondary assessment (detailed exam).
- C: A modified secondary assessment (focused exam).
- D: Delay any further assessment and transport.

You should perform a rapid secondary assessment to attempt to identify any additional life threats.

38. Provider Level: EMT Reading Level: 8.3 Bloom Level: Application (Cut Score: 0.45
ID: 2028 Curriculum(s): ES: PR4, MTO: 3-8-5, NR2011: OP34, NR2015: OP6

- A: If the vitals are inaccurate, it puts the rest of the document in question.
- B: Criminal charges can be filed against the providers if the vitals are found to be false.
- C: Vital signs are a critical data set required for insurance billing.
- D: It will impact the treatment given by the emergency department.

Documentation should be as accurate as possible. The run form is a legal report of how the call unfolded. If one portion is inaccurate, it hints others sections may be as well. The other options are not necessarily true.

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39. Provider Level: EMT Reading Level: 7.6 Bloom Level: Comprehensi Cut Score: 0.45
ID: 4349 Curriculum(s): ES: PR9, MTO: 3-8-9, NR2011: OP34, NR2015: OP6

- A: Ocularoitis.
- B: Bilateralitis.
- C: Infected otitisitis.
- D: An infection in both ears.

The true terminology of this situation would be bilateral otitis. When you do not know a medical term, or there is none, it is best to just describe the action, such as an infection in both ears.

40. Provider Level: EMT Reading Level: 11.7 Bloom Level: Comprehensi Cut Score: 0.45
ID: 414 Curriculum(s): ES: MT10, MTO: 4-2-2, NR2011: AB1, NR2015: AB7

- A: Stridor.
- B: Snoring.
- C: Crackles.
- D: Gurgling.

Crackles are a lower airway sound, which is also referred to as rales. The other sounds listed are associated with upper airway problems.

41. Provider Level: EMT Reading Level: 8.7 Bloom Level: Application (Cut Score: 0.45
ID: 456 Curriculum(s): ES: MT2, MTO: 4-3-7, NR2011: CA7, NR2015: CA4

- A: Fowler's.
- B: Semi Fowler's.
- C: Left lateral recumbent.
- D: Right lateral recumbent.

You should position this patient in a right lateral recumbent position to minimize the negative effect of the paralysis of the intercostal muscles on the right side. Note: This is not actually an objective within the Basic EMT curriculum.

42. Provider Level: EMT Reading Level: 7.2 Bloom Level: Application (Cut Score: 0.60
ID: 1189 Curriculum(s): ES: MT8, MTO: 4-3-7, NR2011: CA1, NR2015: CA1

- A: Tri-pod.
- B: Semi-fowler's.
- C: Lying supine.
- D: Trendelenburg.

Semi-fowler's is sitting up at an angle on the stretcher. This reduces stress on the body and is often seen as a position of comfort. Supine and trendelenburg (flat on back) will not be tolerated by cardiac patients experiencing chest pain. The tri-pod position is typically seen with patients in respiratory distress.

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43. Provider Level: EMT Reading Level: 11.0 Bloom Level: Application (Cut Score: 0.60
ID: 347 Curriculum(s): ES: PR6, MTO: 3-7-8

- A: Use medical and formal terminology.
- B: Tell them a hazard exists, even if one does not.
- C: Stand with a closed stance and above them if possible.
- D: Put one of the bystanders in charge to move the people back.

Standing with a closed stance and above them will indicate authority nonverbally, making them more likely to comply.

44. Provider Level: EMT Reading Level: 9.0 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1112 Curriculum(s): ES: MT8, MTO: 4-1-6, NR2011: CA1, NR2015: CA1

- A: You have training to assist him.
- B: There is very little risk to taking nitroglycerin.
- C: The patient will die if you do not help him take it.
- D: This is one of the medications you would carry on an ambulance.

Most EMT curriculums include education on how to assist a patient with administration of nitroglycerin. To clarify why the other options are not correct, you should remember the following. There are risks to taking nitro (hypotension) and it is not frequently carried on a basic ambulance.

45. Provider Level: EMT Reading Level: 9.8 Bloom Level: Knowledge (Cut Score: 0.90
ID: 3831 Curriculum(s): ES: PR15, MTO: 4-1-3, NR2011: CA1, NR2015: CA1

- A: To be in the habit of always wearing gloves.
- B: You may cause the patient to get an infection.
- C: You may absorb some of the nitro through your skin.
- D: You may reduce the amount of nitro the patient is receiving.

The moisture in your hand may cause you to absorb some of the nitro into your system causing some of the side effects to occur with you. The amount you absorb will be negligent compared to the amount the patient will still receive.

46. Provider Level: EMT Reading Level: 4.4 Bloom Level: Comprehensi Cut Score: 0.90
ID: 990 Curriculum(s): ES: PA6, MTO: 3-6-3

- A: Checking pupil reaction during transport.
- B: Three blood pressure readings over 15 minutes.
- C: Collecting medications and allergies.
- D: Two pulse checks within 2 minutes.

The only example of trending is checking the blood pressure several times over a period of time. The other options do not fit the term trending.

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47. Provider Level: EMT Reading Level: 10.5 Bloom Level: Comprehensi Cut Score: 0.45
ID: 3671 Curriculum(s): ES: PR11, MTO: 6-1-2

- A: 108 mm/Hg.
- B: 94 mm/Hg.
- C: 84 mm/Hg.
- D: 74 mm/Hg.

For the ages of 1 to 10, the 50th percentile is $90 + (2 \text{ times the age in years})$. The 5th percentile is $70 + (2 \text{ times the age in years})$. See page 77 of 2015 AHA Handbook which gives range of 86 to 106 mm Hg.

48. Provider Level: EMT Reading Level: 9.7 Bloom Level: Evaluation (C Cut Score: 0.60
ID: 2996 Curriculum(s): ES: AM1, MTO: 4-2-6, NR2011: AB3, NR2015: AB3

- A: Insert an OPA.
- B: Insert a NPA.
- C: Apply suction.
- D: Insert an ETDLA.

The NPA (a well under-utilized airway device) would be your best intervention. Because it does not state whether the patient has a gag reflex or not, you should avoid using the OPA and ETDLA. Snoring is typically a result of the tongue resting against the soft palate, so suctioning would not be beneficial.

49. Provider Level: EMT Reading Level: 3.7 Bloom Level: Knowledge (Cut Score: 0.60
ID: 846 Curriculum(s): ES: SP1, MTO: 4-9-2, NR2011: OB2, NR2015: ME11

- A: Under the buttocks, below the vaginal opening, and across the lower abdomen.
- B: Under the buttocks, at the end of the stretcher, and behind the abdomen.
- C: Behind the head, at the end of the stretcher, and across the abdomen.
- D: Beneath the vaginal opening, across the abdomen, and on the floor of the ambulance.

Utilizing drapes is an attempt to maintain aseptic technique throughout delivery. Drapes should be placed in areas that will most protect the newborn and mother from infection after delivery.

50. Provider Level: EMT Reading Level: 12.0 Bloom Level: Knowledge (Cut Score: 0.60
ID: 1810 Curriculum(s): ES: PR8, MTO: 6-1-2

- A: An adult's airway occludes easier than a child's does.
- B: The ribs of a child are considered more rigid.
- C: Children's windpipes are more soft and flexible.
- D: An adult's pupils react faster to light and darkness.

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Children are known to have windpipes that are soft and flexible. This is important to remember when positioning a child who is unconscious. You could kink off the child's airway if you were to tip the head back too far.

51. Provider Level: EMT Reading Level: 6.7 Bloom Level: Comprehensi Cut Score: 0.60
ID: 3803 Curriculum(s): ES: PR13, MTO: 4-1-5

- A: ASA.
- B: Aspirin USP.
- C: Bayer.
- D: Tylenol.

Bayer would represent a trade name for aspirin. ASA is an accepted abbreviation for aspirin. Aspirin USP would be its official name and Tylenol is a trade name for acetaminophen, which is an entirely different compound than aspirin.

52. Provider Level: EMT Reading Level: 12.0 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 488 Curriculum(s): ES: MT4, MTO: 4-5-4, NR2011: ME6, NR2015: ME3

- A: A slow development of signs and symptoms after a first exposure.
- B: A second exposure after a previous reactive incident where the body formed antibodies.
- C: The first time a person is exposed he has hives, itchy eyes, and a runny nose.
- D: A development of diarrhea two days after eating a substance the patient was allergic to.

The more rapid the reaction and especially where antibodies were formed after a previous incident would lead you to suspect a more severe reaction.

53. Provider Level: EMT Reading Level: 6.6 Bloom Level: Synthesis (C Cut Score: 0.60
ID: 4447 Curriculum(s): ES: MT13, MTO: 4-9-18, NR2011: OB4, NR2015: ME10

- A: Abortion.
- B: Hypovolemia.
- C: Hypothermia.
- D: Pelvic Inflammatory Disease.

A young woman found in hypovolemic shock needs urgent care. Oxygen, positioning, warming and fluid replacement are indicated. Severe vaginal bleeding is most often caused by incomplete abortion.

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54. Provider Level: EMT Reading Level: 6.3 Bloom Level: Synthesis (C) Cut Score: 0.90
ID: 4421 Curriculum(s): ES: MT9, MTO: 4-6-3, NR2011: ME11, NR2015: ME7

- A: The child can be taken to the private physician.
- B: Not to worry, vitamins are not toxic to children.
- C: The child should be taken to the emergency department.
- D: The mother can just monitor the child for next few hours.

When it is unknown how many vitamins were ingested, or how much was thrown up, the child should be taken to the ED for assessment and treatment. Most likely activated charcoal will be administered to absorb the remaining vitamin content.

55. Provider Level: EMT Reading Level: 9.7 Bloom Level: Comprehensi Cut Score: 0.60
ID: 462 Curriculum(s): ES: SP1, MTO: 4-9-3, NR2011: OB2, NR2015: ME11

- A: Limb.
- B: Breech.
- C: Cephalic.
- D: Transverse.

The description provided is that of a breech presentation.

56. Provider Level: EMT Reading Level: 9.3 Bloom Level: Knowledge (Cut Score: 0.60
ID: 1196 Curriculum(s): ES: PR2, MTO: 4-3-35

- A: Your employer.
- B: The state EMS office.
- C: American Heart Association.
- D: National Association of Emergency Physicians.

Research, teaching, and care guidelines are handed down through a consensus process from the AHA. Your employer, state EMS office, and NAEMSP are unlikely to set guidelines on how cardiac care should be handled in EMS that is beyond the AHA recommendation.

57. Provider Level: EMT Reading Level: 12.0 Bloom Level: Knowledge (Cut Score: 0.60
ID: 1095 Curriculum(s): ES: OP1, MTO: 4-1-1, NR2011: OP10, NR2015: OP1

- A: Oral glucose.
- B: Syrup of ipecac.
- C: Nitroglycerin.
- D: Insulin.

Most ambulances will carry oral glucose for the treatment of hypoglycemic events. Of course, medical control authorities and state agencies may approve other medications, but oral glucose is considered common.

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58. Provider Level: EMT Reading Level: 5.8 Bloom Level: Evaluation (C) Cut Score: 0.60
ID: 1705 Curriculum(s): ES: PR6, MTO: 3-7-8, NR2011: OP27, NR2015: OP5

- A: Consider allowing the family in the bedroom during treatment.
- B: Ask the family to help you with CPR so they are part of the call.
- C: Distract them with questions that are related to the patient's history.
- D: Tell the family that the patient probably died in his sleep and is in heaven now.

Having the family in the room during the resuscitation can be helpful for their progression through the grieving process. Having them participate in the call or distracting them with questions could be overwhelming or frustrate them that you are not focusing on their family member properly. In general, references to afterlife activity that are faith-based should be avoided unless you are sure it would be appropriate.

59. Provider Level: EMT Reading Level: 8.9 Bloom Level: Comprehensi Cut Score: 0.90
ID: 4439 Curriculum(s): ES: MT11, MTO: 4-1-2, NR2011: ME26, NR2015: ME12

- A: Lying flat.
- B: Feet elevated.
- C: Sitting straight up.
- D: Level but on his side.

Fluid in the lungs is pulmonary edema, which is a known complication of dialysis. When a patient with pulmonary edema lies flat, the fluid can move, filling larger airways. This increases hypoxia causing further distress for the patient.

60. Provider Level: EMT Reading Level: 9.0 Bloom Level: Comprehensi Cut Score: 0.45
ID: 1200 Curriculum(s): ES: PR1, MTO: 4-3-36, NR2011: OP33, NR2015: OP3

- A: American Heart Association.
- B: State EMS authority.
- C: Federal government.
- D: Medical directors.

All privileges and permissions to practice in the field are granted to you by the medical control authority (director). Our ability to work in EMS does not come from the federal government. It comes from the local medical director who is a doctor. The state authorizes and medical control grants the privilege or permission.

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61. Provider Level: EMT Reading Level: 9.7 Bloom Level: Comprehensi Cut Score: 0.60
ID: 472 Curriculum(s): ES: SP1, MTO: 4-9-11, NR2011: OB3, NR2015: ME11

- A: It usually takes the placenta about 20 minutes to deliver.
- B: You should delay transport until the placenta has delivered.
- C: You should have the newborn nurse to facilitate placental delivery.
- D: You should gently massage the uterus to facilitate placental delivery.

It usually takes about 20 minutes for the placenta to deliver. You do not need to delay transport for placental delivery. The other two deal with controlling post-partum bleeding and not placental delivery.

62. Provider Level: EMT Reading Level: 9.5 Bloom Level: Application (Cut Score: 0.45
ID: 1199 Curriculum(s): ES: ST1, MTO: 4-3-31, NR2011: CA6, NR2015: CA5

- A: Assisting the patient with his own nitroglycerin tablets.
- B: Contacting medical control for advice on the best position for transport.
- C: Requesting advance life support assistance during transport to the emergency department.
- D: Transporting the patient in the prone position on a stretcher and monitoring the airway closely.

ALS will be able to intubate the patient and administer medications that will help improve the patient's condition or prevent recurrent cardiac arrest. You should not administer nitro to this patient or rely on medical control to give advice on transport position. Transporting the patient in the prone position would be inappropriate.

63. Provider Level: EMT Reading Level: 11.7 Bloom Level: Application (Cut Score: 0.45
ID: 1119 Curriculum(s): ES: PR5, MTO: 4-4-5, NR2011: OP32, NR2015: OP3

- A: Pediatric patient choking.
- B: Hazardous materials spill.
- C: Psychiatric patient hallucinating.
- D: Diabetic patient refusing transport.

Medical control can offer advice on how to proceed with the medical refusal process. They will not be able to offer much insight on hazardous material events, psychiatric calls, and critical pediatric patients who are choking.

64. Provider Level: EMT Reading Level: 16.3 Bloom Level: Application (Cut Score: 0.45
ID: 436 Curriculum(s): ES: MT9, MTO: 4-6-2, NR2011: ME10, NR2015: ME7

- A: Aspirin.
- B: Insecticide.
- C: Antihistamine.
- D: Acetaminophen.

An insecticide with organophosphates would best fit the description of the signs and symptoms provided. (SLUDGE)

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65. Provider Level: EMT Reading Level: 7.0 Bloom Level: Application (Cut Score: 0.45
ID: 381 Curriculum(s): ES: ST12, MTO: 3-2-21, NR2011: TR16, NR2015: TR7

- A: Rapid trauma assessment.
- B: Focused patient assessment.
- C: Detailed, ongoing examination.
- D: Sample history and baseline vitals.

Given the mechanism of injury, a rapid trauma assessment would be the most appropriate.

66. Provider Level: EMT Reading Level: 11.2 Bloom Level: Comprehensi Cut Score: 0.45
ID: 428 Curriculum(s): ES: MT7, MTO: 4-8-3, NR2011: ME22, NR2015: ME6

- A: Aspirin overdose.
- B: Low blood sugar.
- C: Reaction to stress.
- D: Loss of a loved one.

Low blood sugar would be a physical cause of a behavioral emergency. Reaction to stress and loss of a loved one are psychosocial causes and an aspirin overdose will not cause a behavioral emergency.

67. Provider Level: EMT Reading Level: 7.0 Bloom Level: Evaluation (C Cut Score: 0.60
ID: 4488 Curriculum(s): ES: ST10, MTO: 6-1-3, NR2011: ME23, NR2015: ME6

- A: Has a head injury.
- B: Is in a state of shock.
- C: Has some autistic disorder.
- D: Has chest and abdominal injuries.

When you expect a child to be upset, most likely crying and speaking, it is abnormal for a child to be quiet and not talking. You should suspect that this child has an autistic disorder or some other developmental disorder that prevents him from responding normally.

68. Provider Level: EMT Reading Level: 10.2 Bloom Level: Knowledge (Cut Score: 0.60
ID: 890 Curriculum(s): ES: PR8, MTO: 4-9-1

- A: The cervix.
- B: The vagina.
- C: The uterus.
- D: The urethra.

The urethra is part of the urinary system rather than the reproductive system.

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69. Provider Level: EMT Reading Level: 9.1 Bloom Level: Comprehensi Cut Score: 0.45
ID: 1178 Curriculum(s): ES: ST1, MTO: 4-3-21, NR2011: CA3, NR2015: CA3

- A: Bystanders can operate them with no instruction.
- B: They are capable of delivering a shock within a minute or less.
- C: Medical direction and supervision is no longer required for use.
- D: The machine will be “error free” and there isn’t any risk of injury.

The machine is very quick to assess and shock a lethal rhythm. The machine does require some instruction and medical direction/oversight. Finally, you should not believe any machine is error free. If directions are not followed, there is a significant risk of injury.

70. Provider Level: EMT Reading Level: 10.5 Bloom Level: Comprehensi Cut Score: 0.36
ID: 1195 Curriculum(s): ES: PR1, MTO: 4-3-38, NR2011: OP38, NR2015: OP8

- A: Voice recordings and EKGs in memory.
- B: EKGs in memory and witness testimony.
- C: Witness testimony and written reports.
- D: Written reports and medical history.

Witness accounts are of little value to an evaluator during a CQI/QA audit when compared to the other objective information listed. Medical history will provide very little benefit regarding the AED usage.

71. Provider Level: EMT Reading Level: 10.7 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1127 Curriculum(s): ES: ST11, MTO: 4-7-3, NR2011: ME14, NR2015: TR6

- A: Allow the patient to drink warm liquid slowly.
- B: Actively warm the patient with heat packs.
- C: Apply an automated external defibrillator.
- D: Rub the extremities to improve circulation.

The patient is exhibiting symptoms of mild hypothermia and can be passively re-warmed with heat packs and blankets. Allowing the patient to take anything by mouth or rubbing him to warm him up should be discouraged. These techniques are unsafe.

72. Provider Level: EMT Reading Level: 11.3 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1972 Curriculum(s): ES: PR5, MTO: 3-7-8, NR2011: OP31, NR2015: OP3

- A: EMDs provide better documentation of times and data from a call.
- B: EMDs provide the 911 caller with reassurance that help is on the way.
- C: EMDs define quality improvement standards for the EMS system.
- D: EMDs provide life-saving instruction prior to EMS arrival.

Properly trained EMS dispatchers deliver a concept of zero response time to a call for help. They offer the caller life-saving instructions until help arrives. This is the greatest value for the system.

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73. Provider Level: EMT Reading Level: 7.5 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1287 Curriculum(s): ES: SP3, MTO: 6-1-10, NR2011: OB10, NR2015: CA3

- A: Massive hemorrhagic complications.
- B: Improper immobilization techniques.
- C: Complications from breathing problems.
- D: An irregular heartbeat like ventricular tachycardia.

Complications from respiratory problems are the leading cause of death in pediatric cases. Correcting these issues becomes a high priority for EMS providers.

74. Provider Level: EMT Reading Level: 6.1 Bloom Level: Application (Cut Score: 0.60
ID: 4353 Curriculum(s): ES: PR11, MTO: 6-1-3, NR2011: OB7, NR2015: AB3

- A: Absent.
- B: Normal.
- C: Slower than normal.
- D: Higher than normal.

A normal pulse rate for a young infant range between 100-160 beats per minute. The pulse rate may be elevated during illness such as a fever. As the infant needs a good supply of oxygen to maintain a rapid heart rate, during times of hypoxia, a slow heart rate should be expected and is a very bad sign.

75. Provider Level: EMT Reading Level: 14.8 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1969 Curriculum(s): ES: OP1, MTO: 3-7-1, NR2011: OP11, NR2015: OP2

- A: This information confirms to the EMD that you have arrived at a request for help.
- B: It allows the EMD to confirm your radios work in the area of this particular call.
- C: It relays information to the hospital that they should expect a patient soon.
- D: It notifies everyone within the EMS that you are no longer available for another call.

For legal reasons, ambulances are required to document the time of arrival to a scene. It formally documents a call for help has been answered and specifies when. During a lawsuit, this information must be accurate. Your radio traffic is considered legal documentation. Granted it does confirm that your radio works in the area, but that is not the purpose of reporting on scene. Finally, once you are sent to a call, you are considered unavailable for another call. The only exceptions would be if a higher priority call came in while you were en route or another unit was closer to the call.

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76. Provider Level: EMT Reading Level: 9.8 Bloom Level: Comprehensi Cut Score: 0.45
ID: 320 Curriculum(s): ES: PA3, MTO: 3-1-4, NR2011: TR2, NR2015: TR7

- A: Rollover.
- B: Head-on.
- C: Rotational.
- D: Side-impact.

The rollover crash is 3 times more likely to result in serious injury or death than the other methods. ITLS reference

77. Provider Level: EMT Reading Level: 8.3 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1201 Curriculum(s): ES: OP1, MTO: 4-3-34, NR2011: OP10, NR2015: OP1

- A: To inventory parts and inspect equipment.
- B: To document the energy the machine will deliver.
- C: To assure you have an AED at the beginning of your shift.
- D: To comply with medical control quality assurance procedures.

During a pre-trip inspection, it is valuable to make sure the AED is functional and all of the components are there. The AED checklist goes well beyond checking to see it is there. Note: This machine is not routinely tested for energy delivery capability.

78. Provider Level: EMT Reading Level: 6.6 Bloom Level: Evaluation (C Cut Score: 0.90
ID: 4502 Curriculum(s): ES: SP5, MTO: 6-1-15, NR2011: ME25, NR2015: OP3

- A: Child abuse.
- B: A clumsy child.
- C: Parental neglect.
- D: Emotional abuse.

Bruises and burns that are in various stages of healing should be suspect of child abuse. Three-year-old children are clumsy and will have a few bruises, especially on the legs but not on multiple areas of the body.

79. Provider Level: EMT Reading Level: 8.6 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1970 Curriculum(s): ES: PR4, MTO: 3-8-7, NR2011: OP34, NR2015: OP6

- A: It is the only means of communicating critical information to the hospital staff .
- B: It is the best way to relay past medical history information to the nurses and physicians.
- C: Omission of a fact or component will likely result in a poor outcome for the patient.
- D: It is our legal means of documenting what and when something occurred during a call.

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The best reason to take your time when documenting a call is that it is a legal document that can be subpoenaed and serve as the most valuable record of a call. If you rush through it and it is messy or incomplete, it will not serve you or the agency well. Granted it is a means of communicating with the hospital staff relaying history, but it is really not the best or only way of doing so.

80. Provider Level: EMT Reading Level: 10.6 Bloom Level: Knowledge (Cut Score: 0.45
ID: 3662 Curriculum(s): ES: PR9, MTO: 3-8-3

- A: FTD.
- B: ASA.
- C: CP.
- D: CO.

ASA is the commonly accepted abbreviation for aspirin. FTD is a commonly used but medically unacceptable abbreviation for "Fixing To Die". CP is unacceptable, it could mean cerebral palsy, cor pulmonale, chest pain, etc. CO is unacceptable as it could stand for "complains of", carbon monoxide, cardiac output, etc.

81. Provider Level: EMT Reading Level: 8.3 Bloom Level: Comprehensi Cut Score: 0.45
ID: 3757 Curriculum(s): ES: PR10, MTO: 6-1-4

- A: The chest wall gets fatigued and cannot expand.
- B: Alveoli collapse when there is fluid around them.
- C: Oxygen cannot diffuse through fluid in the alveoli.
- D: Fluid in the alveoli begins an inflammatory response.

Fluid has moved out of the pulmonary blood vessels and into the alveoli during pulmonary edema. Oxygen cannot diffuse from ambient air through fluid to get into the pulmonary capillaries. There may be some collapse of alveoli, but that is not the primary problem.

82. Provider Level: EMT Reading Level: 7.5 Bloom Level: Knowledge (Cut Score: 0.60
ID: 430 Curriculum(s): ES: MT7, MTO: 4-8-5, NR2011: ME22, NR2015: ME6

- A: 2.
- B: 5.
- C: 8.
- D: 12.

Some sources suggest four and some suggest five as being the preferred number of providers to do a take down, as this will minimize the risk of injury to the patient or providers. 8 and 12 are too many.

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83. Provider Level: EMT Reading Level: 7.2 Bloom Level: Evaluation (C) Cut Score: 0.60
ID: 4433 Curriculum(s): ES: MT9, MTO: 4-6-4, NR2011: OP4, NR2015: OP3

- A: Police to respond first.
- B: Callers to meet the ambulance outside.
- C: The fire department to enter the scene first.
- D: A medical control physician to respond to the scene.

When hearing of a scene where multiple people are experiencing the same symptoms, one must consider hazardous materials exposure. Asking patients to come outside into the fresh air will help to determine if symptoms are related to a toxic air exposure. And if this is the case, will actually be initiating the appropriate treatment.

84. Provider Level: EMT Reading Level: 8.5 Bloom Level: Comprehensi Cut Score: 0.60
ID: 4500 Curriculum(s): ES: SP5, MTO: 6-1-15, NR2011: ME25, NR2015: OP3

- A: Senility.
- B: Neglect.
- C: Elder abuse.
- D: Emotional abuse.

When a family does not care for an elderly person it is considered neglect, which is a form of elder abuse. When a person does not care for himself or herself, it is also considered neglect. This situation needs to be monitored as it may get to a level that is harmful to that person. Then this person may have to be placed into a different environment.

85. Provider Level: EMT Reading Level: 12.1 Bloom Level: Application (Cut Score: 0.60
ID: 4 Curriculum(s): ES: PA3, MTO: 3-1-4, NR2011: TR2, NR2015: TR4

- A: Blunt trauma to the abdominal/pelvic area.
- B: An open skull injury from the steering wheel.
- C: Internal bleeding from his spleen rupturing.
- D: Cervical spine trauma from a whiplash type injury.

This is a classic rear end type collision where the vehicle is struck from behind and the head is bent backwards over the head rest, hyperextending the head and neck before they fly forward. It is unlikely the rear end collision will force his head into the steering wheel.

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86. Provider Level: EMT Reading Level: 9.3 Bloom Level: Analysis (Co) Cut Score: 0.45
ID: 4375 Curriculum(s): ES: AM2, MTO: 4-2-2, NR2011: AB1, NR2015: AB2

- A: Is having a panic attack.
- B: Is not moving his diaphragm.
- C: Is bleeding out somewhere and needs oxygen.
- D: Is experiencing some paralysis of his rib muscles.

Patients that have a spinal cord injury that is affecting the extremities could very possibly have lost nervous system control over the chest muscles. These patients should be given oxygen promptly and may need assisted ventilation.

87. Provider Level: EMT Reading Level: 9.8 Bloom Level: Knowledge () Cut Score: 0.90
ID: 356 Curriculum(s): ES: SP3, MTO: 3-8-6, NR2011: OB12, NR2015: OP3

- A: A mistake in treatment.
- B: Suspected child or elder abuse.
- C: An incident involving an injury to the patient.
- D: An employee exposure to an airborne pathogen.

Suspected child or elder abuse typically requires a report to law enforcement or some other state agency. The other choices listed most commonly are documented on an incident report.

88. Provider Level: EMT Reading Level: 12.0 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1192 Curriculum(s): ES: ST1, MTO: 4-3-32, NR2011: CA6, NR2015: CA5

- A: Seizures.
- B: Vomiting.
- C: Sneezing.
- D: Dyspnea.

You should prepare for a patient to vomit after resuscitation. It is a common occurrence after the patient regains a pulse. The other signs or symptoms would not be as common as vomiting.

89. Provider Level: EMT Reading Level: 10.7 Bloom Level: Application () Cut Score: 0.45
ID: 1173 Curriculum(s): ES: PR10, MTO: 4-3-23

- A: Allowing for energy to be delivered over a longer period of time.
- B: Preventing the heart from going into asystole.
- C: Decreasing electrical conduction to heart muscle.
- D: Reducing electrical arc risks.

Allowing energy to be delivered over a longer period of time is not an advantage of the self-adhesive pads. All of the other advantages listed are true.

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90. Provider Level: EMT Reading Level: 11.5 Bloom Level: Comprehensi Cut Score: 0.90
ID: 3837 Curriculum(s): ES: ST11, MTO: 4-5-2, NR2011: ME6, NR2015: ME3

- A: More hives will develop each time.
- B: The patient will adjust to the reaction and not care for it.
- C: The patient will itch the skin open increasing risk of infection.
- D: Each reaction is worse than the last and could develop into anaphylaxis.

With every allergic reaction, there is concern that this one may be worse than the last. Each one must be treated and monitored for the development of anaphylaxis. The development of more hives does not necessarily mean that anaphylaxis will occur.

91. Provider Level: EMT Reading Level: 7.6 Bloom Level: Application (Cut Score: 0.45
ID: 1643 Curriculum(s): ES: SP3, MTO: 6-1-6, NR2011: OB9, NR2015: AB6

- A: Tell him to turn the victim on his side and perform a blind finger sweep.
- B: Advise him to now perform 5 back blows in the middle of the shoulders.
- C: Begin compressions and remember to look in the mouth before ventilating.
- D: Attempt to ventilate with a bag-valve-mask device or pocket mask.

Compressions to help remove the object and circulate the blood are in order. You also need to look in the mouth and see if you can easily remove any object prior to performing any ventilations. The other techniques are either non-sequential or contraindicated for this age group.

92. Provider Level: EMT Reading Level: 5.8 Bloom Level: Comprehensi Cut Score: 0.45
ID: 372 Curriculum(s): ES: AM1, MTO: 3-2-11, NR2011: AB2, NR2015: AB1

- A: Hyperextension and jaw-lift with an infant.
- B: A head-tilt, chin-lift of an adult trauma patient.
- C: Hyperextension and chin-lift of a pediatric patient.
- D: Neutral head placement and chin-lift with an infant.

The only appropriate choice is neutral head placement and chin-lift with the infant. A trauma patient should not receive a head-tilt. Hyperextension is inappropriate in the infant and pediatric patient.

93. Provider Level: EMT Reading Level: 9.4 Bloom Level: Comprehensi Cut Score: 0.36
ID: 368 Curriculum(s): ES: MT10, MTO: 3-2-7, NR2011: AB1, NR2015: AB1

- A: Continue assessment without any intervention.
- B: Assist ventilations with a bag-valve-mask.
- C: Provide low-concentration oxygen.
- D: Provide high-concentration oxygen.

An unresponsive patient who is breathing adequately should have high-concentration oxygen applied immediately. As the ventilations are adequate, assisting ventilations is not necessary.

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94. Provider Level: EMT Reading Level: 10.2 Bloom Level: Application (Cut Score: 0.90
ID: 1197 Curriculum(s): ES: OP1, MTO: 4-3-43, NR2011: OP10, NR2015: OP1

- A: Test the battery monthly.
- B: Inspect the defibrillator at the start of each shift.
- C: Purchase four spare backup batteries for every unit.
- D: Calibration evaluations are performed every 30 days.

The only reasonable precaution you can take is to check the machine daily to see if the indicator suggests the battery is fine. The other methods will not prevent challenges with a failure occurring or do not seem practical.

95. Provider Level: EMT Reading Level: 10.2 Bloom Level: Comprehensi Cut Score: 0.90
ID: 425 Curriculum(s): ES: MT10, MTO: 4-2-12, NR2011: AB4, NR2015: AB7

- A: To calm and reassure the patient.
- B: To increase the patient's heart rate.
- C: To provide immediate bronchodilation.
- D: To decrease upper and lower airway secretions.

We administer an inhaler to provide for immediate bronchodilation. An inhaler will usually cause anxiety. And an increase in the patient's heart rate is not desirable. Inhalers usually have no effect on secretions.

96. Provider Level: EMT Reading Level: 10.4 Bloom Level: Comprehensi Cut Score: 0.60
ID: 478 Curriculum(s): ES: SP1, MTO: 4-9-14, NR2011: OB3, NR2015: ME11

- A: Nuchal cord.
- B: Prolapsed cord.
- C: Limb presentation.
- D: Transverse presentation.

Of the choices listed, a prolapsed cord would be the only correct answer. The only other time it is appropriate for an EMS provider to place a gloved hand into the birth canal is for a delayed breech delivery.

97. Provider Level: EMT Reading Level: 7.4 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 4406 Curriculum(s): ES: MT4, MTO: 4-5-1, NR2011: ME6, NR2015: ME3

- A: Onset of possible viral illness.
- B: A behavioral upset over candy.
- C: Some type of emotional response.
- D: Reaction to peanut dust in the store.

EMS providers must be aware of locations that can cause environmental hazards. A candy store typically sells nuts or nut products. Just peanut dust in the air can cause a child to react. It would be important to remove the child from the environment as soon as possible.

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98. Provider Level: EMT Reading Level: 9.1 Bloom Level: Comprehensi Cut Score: 0.45
ID: 834 Curriculum(s): ES: MT9, MTO: 4-6-3, NR2011: ME10, NR2015: ME7

- A: The stomach.
- B: The brain.
- C: The small intestine.
- D: The liver.

The ultimate goal is to prevent absorption of any toxin. Absorption occurs primarily in the small intestine.

99. Provider Level: EMT Reading Level: 11.9 Bloom Level: Application (Cut Score: 0.60
ID: 354 Curriculum(s): ES: PR7, MTO: 3-8-4, NR2011: OP35, NR2015: OP6

- A: The patient's billing information.
- B: All methods used to persuade the patient to go.
- C: The hospital where you would have taken the patient.
- D: The outcome had the patient accepted treatment and transport.

In order to avoid potential problems later on, you should include all the methods you used to convince the patient to go to the hospital.

100. Provider Level: EMT Reading Level: 9.4 Bloom Level: Knowledge (Cut Score: 0.60
ID: 489 Curriculum(s): ES: MT4, MTO: 4-5-5, NR2011: ME7, NR2015: ME3

- A: 0.15 mg.
- B: 0.3 mg.
- C: 0.5 mg.
- D: 1.0 mg.

The standard adult dose in an auto-injector of epinephrine is 0.3 mg.

101. Provider Level: EMT Reading Level: 9.5 Bloom Level: Application (Cut Score: 0.60
ID: 1756 Curriculum(s): ES: MT4, MTO: 4-5-2, NR2011: ME6, NR2015: ME3

- A: Assistance with administration of his Epi auto-injector.
- B: Administration of an antidote orally to counteract the reaction.
- C: Administration of oxygen via a high-concentration device.
- D: Application of a tourniquet above a possible bee sting site.

Oxygen administration will most frequently precede any other emergency care. In some cases, you may have to perform an airway maneuver and then apply oxygen. The other treatments may or may not be the correct care and are not done first.

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102. Provider Level: EMT Reading Level: 11.1 Bloom Level: Knowledge (Cut Score: 0.60
ID: 4525 Curriculum(s): ES: ST1, MTO: 4-3-28, NR2011: CA3, NR2015: CA3

- A: At least 100.
- B: Greater than 100.
- C: Anywhere between 100 and 120.
- D: As fast as you can.

According to the 2015 Guidelines, the rate should be between 100 and 120. The cause of the change from 100+ was a study that showed rates greater than 120 resulted in inadequate compressions.

103. Provider Level: EMT Reading Level: 10.2 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1966 Curriculum(s): ES: ST12, MTO: 3-5-4, NR2011: TR16, NR2015: TR7

- A: The patient was considered potentially unstable while on scene.
- B: Protocol requires that detailed assessment be done during transport.
- C: The patient likely refused treatment and assessment until transport.
- D: The rescuers suspect the patient's airway and breathing is becoming compromised.

The detailed physical exam (DPE), which is part of the secondary assessment is done after you determine the patient is stable and the life-threatening injuries have been addressed. Afterward, rescuers should complete a DPE to determine if there are other injuries that need treatment.

104. Provider Level: EMT Reading Level: 12.0 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1124 Curriculum(s): ES: ST11, MTO: 4-7-5, NR2011: ME15, NR2015: ME1

- A: Heat exhaustion.
- B: Hypothermia.
- C: Heat stroke.
- D: Heat cramps.

Heat stroke is a true emergency and requires immediate and aggressive cooling. The other conditions require patients to be cooled slower to avoid hypothermia problems or they should receive warming instead of cooling.

105. Provider Level: EMT Reading Level: 8.6 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 395 Curriculum(s): ES: MT3, MTO: 3-4-2, NR2011: ME8, NR2015: ME9

- A: Performing a rapid medical assessment.
- B: Doing a DCAP-BTLS assessment of the affected area.
- C: Asking him about his current medications and allergies.
- D: Asking him to compare this pain to the last time he had it.

Comparing this pain to the last time he had it will tell you if this is a repeat of the same condition or possibly something new.

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106. Provider Level: EMT Reading Level: 12.0 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 370 Curriculum(s): ES: AM3, MTO: 3-2-9, NR2011: AB1, NR2015: AB2

- A: A 27-year-old male breathing at 12 times per minute and very shallow.
- B: A 4-year-old female breathing at 30 times per minute at a normal volume.
- C: A 6-month-old infant breathing at 30 times per minute at a normal volume.
- D: A 38-year-old female breathing at 28 times per minute at a normal volume.

The 27-year-old has very shallow breathing and needs to be assisted. The 38-year-old female is hyperventilating and does not need assisted breathing.

107. Provider Level: EMT Reading Level: 9.5 Bloom Level: Application (Cut Score: 0.60
ID: 1190 Curriculum(s): ES: ST1, MTO: 4-3-26, NR2011: CA3, NR2015: CA3

- A: Allow the AED to go through another series of defibrillation.
- B: Immediately prepare for transport and contact medical control.
- C: Turn off the AED, as it surely will cause harm if it was to shock again.
- D: Allow the AED to shock continuously until ALS takes over patient care.

Most experts believe the AED will achieve maximum success within the first 2 shocks. Transport and movement toward advance care should begin after 3 shocks. The patient will likely need ACLS intervention in order to be successfully resuscitated. (Some textbooks recommend transporting after just two shocks)

108. Provider Level: EMT Reading Level: 8.5 Bloom Level: Comprehensi Cut Score: 0.90
ID: 1926 Curriculum(s): ES: PR12, MTO: 4-3-34, NR2011: OP37, NR2015: OP7

- A: HIV awareness.
- B: Tuberculosis screening.
- C: CPR and AED training.
- D: Splinting and bandaging training.

Heart disease and sudden cardiac death is the leading killer of all Americans. More people trained in CPR would save more lives and have the greatest impact in survival rates across the country.

109. Provider Level: EMT Reading Level: 7.5 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 2068 Curriculum(s): ES: PR2, MTO: 3-8-8, NR2011: OP39, NR2015: OP9

- A: To help assess the safety risks to EMS workers.
- B: It can help identify trends in EMS treatment.
- C: To create award/recognition programs.
- D: It assures proper billing is completed.

The best reason listed for collecting data is trending treatment standards. Doing so will help improve the quality of care within the system. Although the run forms can be used to bill properly or to create recognition programs, these are not the best reasons for collecting data.

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110. Provider Level: EMT Reading Level: 12.3 Bloom Level: Knowledge (Cut Score: 0.36
ID: 427 Curriculum(s): ES: MT7, MTO: 4-8-2, NR2011: ME22, NR2015: ME6

- A: Physical factors.
- B: Chemical factors.
- C: Reaction to stress.
- D: Mental retardation.

Mental retardation does not cause an alteration in a patient's behavior.

111. Provider Level: EMT Reading Level: 6.4 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 3539 Curriculum(s): ES: MT5, MTO: 6-1-11, NR2011: OB6, NR2015: ME4

- A: Chicken pox.
- B: Influenza.
- C: Measles.
- D: Meningitis.

This child is presenting with the classic symptoms and signs of meningitis. Children with ventriculoperitoneal shunts are at a very high risk.

112. Provider Level: EMT Reading Level: 9.6 Bloom Level: Application (Cut Score: 0.60
ID: 4533 Curriculum(s): ES: ST1, MTO: 4-6-5, NR2011: AB2, NR2015: AB5

- A: Atropine
- B: Epinephrine
- C: Glucagon
- D: Naloxone

Narcan (Naloxone) is the AHA recommended drug in this situation. Epinephrine and Atropine could be correct choice if this was an isolated bradycardia. Glucagon is not a consideration in this case.

113. Provider Level: EMT Reading Level: 9.1 Bloom Level: Comprehensi Cut Score: 0.90
ID: 323 Curriculum(s): ES: PA1, MTO: 3-1-7, NR2011: OP4, NR2015: OP3

- A: Your arrival may anger the patient or bystanders.
- B: The police are less at risk regarding safety issues.
- C: The police are not as well trained regarding scene safety.
- D: The scene may have changed since the police first arrived.

The scene is often dynamic and things may have changed since the police first arrived or you may notice something that they overlooked. Your arrival angering the patient or bystanders is just an example of how the scene is dynamic. The police are at the same risk you are and they are well trained in scene safety issues.

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114. Provider Level: EMT Reading Level: 6.9 Bloom Level: Knowledge (Cut Score: 0.60
ID: 3748 Curriculum(s): ES: PR9, MTO: 3-8-9

- A: Entero.
- B: Gyne.
- C: Gastro.
- D: Utero.

Gyne is the root word for the study of females, or female reproductive system. Gastro refers to the stomach, entero refers to intestine and utero refers to the uterus.

115. Provider Level: EMT Reading Level: 8.1 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 3571 Curriculum(s): ES: ST11, MTO: 4-7-6, NR2011: ME16, NR2015: AB6

- A: The lungs are full of fluid.
- B: The stomach is full of water.
- C: The larynx is having a spasm.
- D: The airway has a foreign object.

It is common for a near drowning/submersion victim to experience a laryngospasm as the victim attempts to inhale water into the airway. This can be relieved with gentle ventilation attempts.

116. Provider Level: EMT Reading Level: 5.2 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 1131 Curriculum(s): ES: ST11, MTO: 4-7-1, NR2011: ME14

- A: Respiration.
- B: Conduction.
- C: Convection.
- D: Radiation.

When a cool breeze blows across the surface of the skin it increases the effectiveness of convection heat loss. Convection heat loss is similar to how a radiator emits heat. This can be a serious consequence for the injured patient who cannot protect himself.

117. Provider Level: EMT Reading Level: 9.4 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 479 Curriculum(s): ES: SP1, MTO: 4-9-15, NR2011: OB3, NR2015: ME11

- A: One of the infants may be a breech presentation.
- B: You should pay special attention to keeping the infants warm.
- C: The delivery will be especially difficult due to the size of the infants.
- D: You should not clamp the cord of the first child until the second child is delivered.

Twins are typically born early and cannot protect themselves from heat loss as well as a full-term newborn. Twins are usually smaller than a full-term baby so the breech concerns will not occur. The clamping of the cord is not a concern.

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118. Provider Level: EMT Reading Level: 9.1 Bloom Level: Application (Cut Score: 0.60
ID: 1679 Curriculum(s): ES: MT8, MTO: 3-2-21, NR2011: CA1, NR2015: CA1

- A: It helps you decide if the scene is safe and secure.
- B: It guides you down a path to determine if this is truly a heart attack or not.
- C: It identifies any other complaints that may have a higher priority than a heart attack.
- D: It quickly identifies life-threatening problems that require immediate attention and cannot be overlooked.

This best describes the purpose of an initial assessment to identify and treat life-threatening injuries before other problems.

119. Provider Level: EMT Reading Level: 11.3 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 1168 Curriculum(s): ES: ST1, MTO: 4-3-14, NR2011: CA3, NR2015: CA3

- A: Contact ALS for guidance on how to proceed.
- B: Consider terminating resuscitation efforts.
- C: Transport to the hospital without waiting.
- D: Contact an EMS helicopter for assistance.

The EMT should initiate transport if ALS will be delayed. An intercept along the way is your next best option. We would not recommend terminating your effort or asking ALS what you should do. Calling a helicopter is just not practical for this type of call.

120. Provider Level: EMT Reading Level: 12.3 Bloom Level: Comprehensi Cut Score: 0.60
ID: 379 Curriculum(s): ES: PA2, MTO: 3-2-19

- A: To let the hospital know the patient's condition.
- B: To determine if we need to immediately transport.
- C: To determine which hospital we should transport the patient to.
- D: To communicate with the patient that we are caring for them.

We determine the priority of our patient initially to determine which assessment to perform next as well as the need to immediately transport the patient.

121. Provider Level: EMT Reading Level: 4.1 Bloom Level: Knowledge (Cut Score: 0.60
ID: 413 Curriculum(s): ES: PR8, MTO: 4-2-1

- A: Parietal pleura.
- B: Visceral pleura.
- C: Peri-pulmonary sac.
- D: Parenchymal tissue.

The name of the covering of the lungs is the visceral pleura. The parietal pleura lines the chest cavity.

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122. Provider Level: EMT Reading Level: 9.1 Bloom Level: Analysis (Co) Cut Score: 0.45
ID: 1174 Curriculum(s): ES: MT8, MTO: 4-3-9, NR2011: CA1, NR2015: CA1

- A: It is a normal finding for a cardiac patient and not a cause for concern.
- B: The patient is at risk of going into cardiac arrest and he may require CPR.
- C: Irregular heartbeats indicate the patient currently has a respiratory problem.
- D: Back and jaw pain with irregular heartbeats indicate high blood pressure issues.

A new onset of an arrhythmia accompanying back/jaw pain is considered a critical finding. It most likely indicates the heart muscle is extremely ischemic and could be a hint of an impending cardiac arrest event. It should be considered "abnormal" even if the patient has a history of an irregular rhythm.

123. Provider Level: EMT Reading Level: 9.5 Bloom Level: Synthesis (C) Cut Score: 0.60
ID: 4417 Curriculum(s): ES: MT7, MTO: 4-8-2, NR2011: ME22, NR2015: ME6

- A: Alcohol.
- B: Hypoxia.
- C: Infection.
- D: Electrolyte imbalance.

Alcohol is the most common cause of behavioral disturbances. Alcohol mixed with drugs is also seen. EMS personnel must rule out other causes of behavior emergencies such as hypoglycemia, stroke, hypoxia, head trauma, etc.

124. Provider Level: EMT Reading Level: 8.6 Bloom Level: Analysis (Co) Cut Score: 0.45
ID: 1188 Curriculum(s): ES: ST1, MTO: 4-3-25, NR2011: CA3, NR2015: CA3

- A: Verify no pulse.
- B: Provide ventilations.
- C: Shock the patient.
- D: Continue compressions.

You should interrupt chest compressions for as little time as possible, preferably less than 10 seconds. Pressing to shock prior to making sure everyone is clear would be inappropriate. The pulse check should have occurred prior to placing the AED. Note: Once the machines are able to analyze a rhythm through compressions, compressions will continue until just before the machine is ready to shock.

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125. Provider Level: EMT Reading Level: 10.4 Bloom Level: Comprehensi Cut Score: 0.60
ID: 324 Curriculum(s): ES: PA3, MTO: 3-1-8, NR2011: TR2, NR2015: TR7

- A: As the patient has no obvious injuries, she is probably fine.
- B: Seat belts and airbags will prevent injuries in this mechanism.
- C: We should always suspect injuries regardless of the mechanism.
- D: Given the mechanism, you should suspect internal injuries not readily apparent.

The speed involved, and therefore the forces, should cause you to suspect internal injuries, especially given that there are no obvious external injuries.

126. Provider Level: EMT Reading Level: 12.3 Bloom Level: Comprehensi Cut Score: 0.45
ID: 4423 Curriculum(s): ES: MT1, MTO: 3-3-4

- A: In a supine position.
- B: Sitting straight upright.
- C: Sitting at a 45-degree angle.
- D: In a slight head-down, legs-elevated position

Jugular venous distention is caused by increased venous pressure in the neck veins. This occurs when the heart is not emptying or there is increased venous return to the heart. The patient should be positioned at a 45-degree angle to assess this.

127. Provider Level: EMT Reading Level: 8.6 Bloom Level: Application (Cut Score: 0.60
ID: 1126 Curriculum(s): ES: ST11, MTO: 4-7-7, NR2011: ME16, NR2015: CA3

- A: Manual stabilization of head.
- B: The Heimlich maneuver.
- C: Deep nasal suctioning.
- D: Active rewarming.

You must consider immobilizing the patient's head and neck on all underwater episodes. Unless the injury is a witnessed event that guarantees there is no injury, this is standard practice to protect the spine. The other treatments will not always be needed.

128. Provider Level: EMT Reading Level: 10.2 Bloom Level: Application (Cut Score: 0.90
ID: 1125 Curriculum(s): ES: ST11, MTO: 4-7-6, NR2011: ME16, NR2015: CA6

- A: Red rash around the neck.
- B: Signs of hypothermia.
- C: Pursed lip breathing.
- D: Unequal pupils.

Hypothermia is the most common complication of patients who have survived a water emergency (near drowning). The other symptoms are related to other conditions.

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129. Provider Level: EMT Reading Level: 6.5 Bloom Level: Evaluation (C) Cut Score: 0.45
ID: 4448 Curriculum(s): ES: MT13, MTO: 4-9-18, NR2011: OB4, NR2015: ME10

- A: Call in a female sexual assault counselor.
- B: Try to find someone in the area that knows her.
- C: Observe her until she is ready to be transported.
- D: Get enough personnel to forcefully take her to the ambulance.

It would be best to get a sexual assault counselor to the scene who might be able to talk to the patient so that she will consent to transport to the ED. More counseling can be done along with a sexual assault investigation or assessment of her behavioral emergency.

130. Provider Level: EMT Reading Level: 9.2 Bloom Level: Knowledge () Cut Score: 0.45
ID: 3670 Curriculum(s): ES: PR11, MTO: 6-1-1

- A: Adolescent.
- B: Preschool.
- C: School age.
- D: Infant.

It is during the preschool time that children begin to significantly interact with other children and peer pressure starts to have an impact in shaping their beliefs.

131. Provider Level: EMT Reading Level: 11.0 Bloom Level: Synthesis (C) Cut Score: 0.90
ID: 4408 Curriculum(s): ES: MT4, MTO: 4-5-7, NR2011: ME6, NR2015: ME3

- A: To protect you from potential liability issues.
- B: There is a significant potential for the allergic response to increase.
- C: Benadryl has been proven to be ineffective in cases of seafood allergies.
- D: The Emergency Department is best at dealing with mild allergic reactions.

Patients who are having an allergic response may improve, or the allergic response may increase over time. There is the concern that the airway will be affected and swell closed. Therefore, this type of patient does best in the ED where they can be monitored closely and receive medication to reverse the reaction.

132. Provider Level: EMT Reading Level: 7.2 Bloom Level: Evaluation (C) Cut Score: 0.45
ID: 4348 Curriculum(s): ES: PR9, MTO: 3-8-3, NR2011: OP34, NR2015: OP6

- A: Dys-birth.
- B: Distotia.
- C: Noxious birth.
- D: A difficult birth.

When you do not know the proper term it is best to just describe the action. The actual term for a difficult birth is dystocia.

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133. Provider Level: EMT Reading Level: 6.1 Bloom Level: Application (Cut Score: 0.60
ID: 470 Curriculum(s): ES: SP1, MTO: 4-9-9, NR2011: OB3, NR2015: ME11

- A: Clamp and cut the umbilical cord.
- B: Suction the mouth and nose, if secretions are present.
- C: Dry the head and cover with a cap to prevent heat loss.
- D: Pull the baby's head up to clear and deliver the shoulders.

As soon as the head is delivered, you should suction the mouth and then the nose, but only if secretions are present. Suctioning used to be a routine event. You should also assess for a nuchal cord at this time. Drying the baby is done after delivery and you should "gently" pull the shoulders down to aid in deliver but this is the next step with the next contraction.

134. Provider Level: EMT Reading Level: 9.1 Bloom Level: Application (Cut Score: 0.90
ID: 4362 Curriculum(s): ES: PR13, MTO: 4-2-8, NR2011: AB4, NR2015: AB7

- A: Oral glucose.
- B: A glass of water.
- C: A bronchodilator.
- D: An auto-injector of Epi.

The first line of treatment for a patient experiencing asthma after starting oxygen is to provide a bronchodilator. Most EMS personnel (except the EMR) are allowed to assist the patient with their own bronchodilator if it is present at the scene. Water may also help to calm the patient but it will not stop the bronchospasm.

135. Provider Level: EMT Reading Level: 10.0 Bloom Level: Comprehensi Cut Score: 0.60
ID: 989 Curriculum(s): ES: PA6, MTO: 3-6-6

- A: Do a complete primary assessment (initial assessment) every 4-5 minutes.
- B: Frequently repeat the rapid secondary assessment (rapid trauma survey).
- C: Repeat a thorough, reassessment (ongoing assessment) every 15 minutes.
- D: Ask SAMPLE history questions again and repeat OPQRST.

The recommendation for vital signs being rechecked is every 15 minutes if the patient is stable. The other statements are not the best answers.

136. Provider Level: EMT Reading Level: 7.8 Bloom Level: Knowledge (Cut Score: 0.60
ID: 903 Curriculum(s): ES: SP3, MTO: 6-1-10, NR2011: OB10, NR2015: CA3

- A: Hemorrhagic shock.
- B: Bradycardias.
- C: Respiratory compromise.
- D: Myocardial infarction.

Respiratory compromise from a variety of causes is the overwhelming leader in causing cardiac arrest in pediatric patients.

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137. Provider Level: EMT Reading Level: 10.6 Bloom Level: Knowledge (Cut Score: 0.45
ID: 371 Curriculum(s): ES: AM3, MTO: 3-2-10, NR2011: AB2, NR2015: AB1

- A: Crepitus and pleural rub.
- B: Lung sounds to assess volume.
- C: Lung sounds for equality and moisture.
- D: Air leaving the airway and inappropriate noises.

You should be listening for air leaving the airway and for any inappropriate noises. The other sounds usually require a stethoscope and will be performed during your modified or complete secondary assessment (rapid assessment or detailed assessment).

138. Provider Level: EMT Reading Level: 5.3 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1795 Curriculum(s): ES: SP1, MTO: 4-9-6, NR2011: OB2, NR2015: ME11

- A: Create an area that is sterile and free of any germs.
- B: Instruct her to lie on her side when she has an urge to push.
- C: Tell the patient to use the bathroom while you are setting up.
- D: Have the patient remove her pants and cover her legs with a sheet.

Treating the patient with kindness and respecting her dignity will be a big part of your treatment. The other distracters are impossible to create or potentially dangerous.

139. Provider Level: EMT Reading Level: 5.8 Bloom Level: Knowledge (Cut Score: 0.60
ID: 4486 Curriculum(s): ES: ST10, MTO: 6-1-14, NR2011: OB11, NR2015: TR7

- A: Activity.
- B: Appearance.
- C: Grimace.
- D: Pulse.

The pediatric assessment triangle consists of appearance, work of breathing and circulation.

140. Provider Level: EMT Reading Level: 7.8 Bloom Level: Knowledge (Cut Score: 0.60
ID: 451 Curriculum(s): ES: MT2, MTO: 4-4-1, NR2011: ME2, NR2015: ME1

- A: Aura.
- B: Tonic.
- C: Clonic.
- D: Postictal.

The name of the phase after a generalized seizure is referred to as the postictal phase. Note: For the Basic EMT curriculum, there is no objective for this question.

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141. Provider Level: EMT Reading Level: 13.3 Bloom Level: Knowledge (Cut Score: 0.45
ID: 349 Curriculum(s): ES: PR5, MTO: 3-7-10, NR2011: OP30, NR2015: OP3

- A: To educate the public.
- B: To provide for our safety.
- C: To receive orders from medical control.
- D: To allow the receiving facility to prepare.

Though people have scanners, efficient and effective radio traffic is not intended to educate the public.

142. Provider Level: EMT Reading Level: 7.1 Bloom Level: Application (Cut Score: 0.45
ID: 429 Curriculum(s): ES: MT7, MTO: 4-8-4, NR2011: ME22, NR2015: ME6

- A: Sudden improvement from depression.
- B: Thought about death after seeing an autopsy.
- C: An 8-year-old who is being held back in school.
- D: Just received a job promotion he was expecting.

A sudden improvement from depression is a risk factor for suicide. 8-year-olds are not typically at risk for suicide. Receiving a promotion a patient does NOT expect is a risk factor.

143. Provider Level: EMT Reading Level: 8.1 Bloom Level: Application (Cut Score: 0.60
ID: 1281 Curriculum(s): ES: SP3, MTO: 6-1-4, NR2011: OB9, NR2015: AB6

- A: Complete airway obstruction.
- B: Carbon monoxide exposure.
- C: Epiglottitis.
- D: Croup.

The patient's age and description match that of a croup-like illness. Epiglottitis is in. Epiglottitis patients present with a high-pitched cough called stridor. The other option that may have been tempting is complete airway obstruction. If that was the case, there would be no sound at all because there would be no air movement.

144. Provider Level: EMT Reading Level: 7.6 Bloom Level: Knowledge (Cut Score: 0.60
ID: 3541 Curriculum(s): ES: SP3, MTO: 6-1-13, NR2011: OB11, NR2015: ME8

- A: Hemiplegia.
- B: Hemophilia.
- C: Leukemia.
- D: Lymphoma.

Hemophilia is the disease where the blood does not clot appropriately. Leukemia is a blood disorder of the white cells. Lymphoma is a cancer of the lymph nodes. Hemiplegia is a weakness/paralysis on one side of the body.

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145. Provider Level: EMT Reading Level: 10.7 Bloom Level: Knowledge (Cut Score: 0.60
ID: 3818 Curriculum(s): ES: PR15, MTO: 4-1-3, NR2011: CA1, NR2015: CA1

- A: Platelet aggregation inhibitor.
- B: Thrombolytic agent.
- C: Blood thinner.
- D: Analgesic.

We administer aspirin to prevent the clot from getting bigger (platelet aggregation inhibitor).

146. Provider Level: EMT Reading Level: 9.9 Bloom Level: Application (Cut Score: 0.45
ID: 481 Curriculum(s): ES: SP1, MTO: 4-9-17, NR2011: OB3, NR2015: ME11

- A: Keeping the infant warm.
- B: Performing an APGAR assessment.
- C: Placing the infant on a non-rebreather.
- D: Suctioning the nose and then the mouth with a flexible suction catheter.

Heat loss is a significant issue with the premature infant. We should suction the mouth first, not the nose.

147. Provider Level: EMT Reading Level: 5.4 Bloom Level: Knowledge (Cut Score: 0.45
ID: 461 Curriculum(s): ES: SP1, MTO: 4-9-1, NR2011: OB2, NR2015: ME11

- A: Uterus.
- B: Cervix.
- C: Placenta.
- D: Amniotic sac.

The organ that holds the fetus is the uterus. The amniotic sac is not an organ.

148. Provider Level: EMT Reading Level: 7.9 Bloom Level: Comprehensi Cut Score: 0.90
ID: 1092 Curriculum(s): ES: MT8, MTO: 4-1-4, NR2011: CA1, NR2015: CA1

- A: Nitroglycerin.
- B: 50% Dextrose.
- C: Syrup of ipecac.
- D: Simple forms of insulin.

The EMT will most likely be allowed to assist a patient with sublingual administration of nitroglycerin. Syrup of ipecac would not be an assist issue and is rarely used in the pre-hospital setting anymore. Insulin is not a pre-hospital medication. 50% Dextrose is administered IV, which is outside the scope of practice for an EMT.

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149. Provider Level: EMT Reading Level: 8.5 Bloom Level: Application (Cut Score: 0.90
ID: 1760 Curriculum(s): ES: PR6, MTO: 3-7-7, NR2011: OP26, NR2015: OP5

- A: Explain to the patient what you think is wrong with him today.
- B: Listen to the patient carefully and explain all of your procedures.
- C: Tell the patient you know what he is feeling, as you were sick last week.
- D: Insist that the patient try to be more specific about his complaints.

The best way the rescuers can show they care is by listening and then explaining what they would like to do.

150. Provider Level: EMT Reading Level: 10.5 Bloom Level: Comprehensi Cut Score: 0.90
ID: 433 Curriculum(s): ES: MT7, MTO: 4-8-8, NR2011: ME22, NR2015: ME6

- A: Take your time and listen to him.
- B: Try to interview the patient by yourself.
- C: Get close and touch the shoulder to show you care.
- D: If he is having hallucinations, state you see them as well.

Taking your time and listening to the patient will go a long way toward calming the behavioral emergent patient. The other suggestions either put you at risk or are inappropriate.

151. Provider Level: EMT Reading Level: 9.8 Bloom Level: Comprehensi Cut Score: 0.60
ID: 360 Curriculum(s): ES: PR4, MTO: 3-8-10, NR2011: OP34, NR2015: OP6

- A: Inaccurate times may cause your paycheck to be off.
- B: Inaccurate times can be used against you later in court.
- C: The hospital staff needs to know the exact time vitals were taken.
- D: The insurance company will not reimburse the call if the times are off.

Inaccurate times can be used against you later in court.

152. Provider Level: EMT Reading Level: 8.0 Bloom Level: Evaluation (C Cut Score: 0.60
ID: 4376 Curriculum(s): ES: AM2, MTO: 4-2-10, NR2011: OB7, NR2015: AB6

- A: They are so hard to diagnose.
- B: Swelling can close the airway.
- C: They have weak immune systems.
- D: There are fewer medications to treat them with.

Because the diameter of a child's airway is much smaller than in the adult, any amount of swelling can severely restrict the airway and reduce airflow.

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153. Provider Level: EMT Reading Level: 5.9 Bloom Level: Application (Cut Score: 0.60
ID: 1762 Curriculum(s): ES: PR6, MTO: 3-7-8, NR2011: OP27, NR2015: OP5

- A: HIPAA and other confidentiality guidelines do not allow you to tell him what the patient's problem is.
- B: Ask the pastor for his credentials and then ask the patient if you can tell him what is going on.
- C: Tell the priest the patient is just fine and that he will have to move on down the street.
- D: Allow the pastor to speak directly to the patient if the patient agrees.

Although guidelines for confidentiality imply you can say nothing about a patient's condition to another person, it is not necessarily the best response. Allowing the pastor to speak with the patient if the patient agrees shows the greatest empathy for the pastor's concern without violating HIPAA and confidentiality issues.

154. Provider Level: EMT Reading Level: 5.2 Bloom Level: Knowledge (Cut Score: 0.60
ID: 351 Curriculum(s): ES: PR4, MTO: 3-8-1, NR2011: OP34, NR2015: OP6

- A: Your opinions.
- B: Patient age and sex.
- C: Objective information.
- D: What the patient thinks is wrong.

Your opinions do not belong in the patient care report. The patient's opinions do belong in the report.

155. Provider Level: EMT Reading Level: 10.8 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1023 Curriculum(s): ES: PA6, MTO: 3-6-2

- A: Calling for additional help.
- B: Asking SAMPLE history questions.
- C: Checking any treatments or interventions.
- D: Assessing the nature of illness/mechanism of injury.

SAMPLE questioning is part of the initial and/or secondary assessment. Repeating vital signs, the abdomen assessment, and checking treatments are parts of the ongoing assessment. Calling for additional help is typically done much earlier in there assessment. Assessing the nature of illness/mechanism of injury should have occurred earlier as well.

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156. Provider Level: EMT Reading Level: 7.9 Bloom Level: Application (Cut Score: 0.60
ID: 1205 Curriculum(s): ES: MT8, MTO: 4-3-41, NR2011: CA1, NR2015: CA1

- A: History of any heart disease.
- B: He complains of a headache.
- C: The patient has difficulty breathing.
- D: The patient is prescribed nitroglycerin.

EMTs are only trained to assist patients with their own nitroglycerin. History of heart disease alone or shortness of breath is not enough to suggest the nitro be administered to him. NOTE: It must be his own prescribed nitroglycerin too.

157. Provider Level: EMT Reading Level: 7.7 Bloom Level: Application (Cut Score: 0.60
ID: 1964 Curriculum(s): ES: PA1, MTO: 3-1-3, NR2011: OP4, NR2015: OP3

- A: A home with slippery stairs due to ice.
- B: A suicidal patient with a small pocketknife in her hand.
- C: An apartment with cockroaches and other insects around.
- D: A heavily intoxicated patient threatening to kill everyone.

A suicidal patient with any type of weapon should be considered very dangerous. Suicidal patients are often considered homicidal and within a second could try to harm you or your crew. Though it seems a pocketknife is not a big concern, any weapon should be viewed as dangerous. The other settings could be unsafe but they can usually be corrected or resolved without help if need be.

158. Provider Level: EMT Reading Level: 12.3 Bloom Level: Comprehensi Cut Score: 0.60
ID: 322 Curriculum(s): ES: PA1, MTO: 3-1-6, NR2011: OP15, NR2015: OP4

- A: It increases the visibility at the scene of an accident.
- B: The greater the number of trained rescuers, the better.
- C: It decreases the amount of time the patient will be on scene.
- D: It decreases the frustration experienced by the units providing assistance.

Our greatest concern should be for the patient, and a delay in requesting additional assistance when needed will delay the patient's transport to definitive care.

159. Provider Level: EMT Reading Level: 8.0 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1773 Curriculum(s): ES: MT7, MTO: 4-8-9, NR2011: ME22, NR2015: ME6

- A: Applying restraints to immobilize the patient to a stretcher.
- B: Telling the patient you hear voices too, when you do not.
- C: Calling for transport to the hospital against the patient's wishes.
- D: Putting a disposable mask on the patient who is spitting and crying.

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You should not tell a patient having auditory hallucination that you hear voices too. This decision is not only in poor taste but is also improper care of a psychiatric patient. Experience will show you that when dealing with these types of calls, you may occasionally have to restrain, transport a patient against his will, or protect yourself from an exposure risk. This is considered within the normal standard of care.

160. Provider Level: EMT Reading Level: 13.5 Bloom Level: Application (Cut Score: 0.60
ID: 4424 Curriculum(s): ES: MT1, MTO: 3-4-1, NR2011: CA1, NR2015: CA1

- A: Stroke.
- B: Heart attack.
- C: Cardiac arrest.
- D: Internal bleeding.

A person suffering a heart attack does not always have the classic chest pain symptoms. Sometimes they have severe heartburn or indigestion, which often will cause them to delay in getting evaluated.

161. Provider Level: EMT Reading Level: 4.7 Bloom Level: Comprehensi Cut Score: 0.45
ID: 418 Curriculum(s): ES: AM1, MTO: 4-2-6, NR2011: AB3, NR2015: AB6

- A: Fluid in the back of the throat.
- B: A narrowing of the upper airway.
- C: A narrowing of the lower airway.
- D: The tongue partially blocking the airway.

A narrowing of the upper airway is typically the cause of stridor. The tongue partially blocking the airway will cause snoring. Fluid in the back of the throat will cause gurgling. A narrowing of the lower airways will cause wheezing.

162. Provider Level: EMT Reading Level: 7.7 Bloom Level: Knowledge (Cut Score: 0.90
ID: 3659 Curriculum(s): ES: PR9, MTO: 4-3-1

- A: Erythro.
- B: Hemo.
- C: Lympho.
- D: Leuko.

Hemo is used to represent blood, Erythro would represent the red blood cells and leuko would represent the white blood cells. Lympho refers to the lymphatic system.

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163. Provider Level: EMT Reading Level: 7.7 Bloom Level: Application (Cut Score: 0.60
ID: 801 Curriculum(s): ES: SP1, MTO: 4-9-14, NR2011: OB3, NR2015: ME11

- A: Clamp and cut the cord immediately.
- B: Gently lift the cord over the baby's head.
- C: Transport the infant to the nearest obstetric facility.
- D: Request medical control permission for a caesarean section.

This is a nuchal cord situation. Sometimes there is enough room to gently slide the umbilical cord over the infant's head.

164. Provider Level: EMT Reading Level: 11.2 Bloom Level: Comprehensi Cut Score: 0.45
ID: 1104 Curriculum(s): ES: PR13, MTO: 4-1-5

- A: Gel.
- B: Spray.
- C: Fine powder.
- D: Suspension.

Activated charcoal is packaged for the EMS setting as a suspension. This is medical grade charcoal dissolved in a solvent so it can be ingested (swallowed). This is the best description of its delivery form.

165. Provider Level: EMT Reading Level: 5.8 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 1183 Curriculum(s): ES: ST1, MTO: 4-3-24, NR2011: CA3, NR2015: CA3

- A: A screen prevents easy maintenance.
- B: A screen is an unnecessary distraction.
- C: A screen is not allowed under federal law.
- D: A screen reduces the reliability of the machine.

The machine very reliably discriminates which rhythms to shock. An operator may effectively defibrillate without viewing a rhythm. It could be an unnecessary distraction that may actually delay delivery of a shock.

166. Provider Level: EMT Reading Level: 9.0 Bloom Level: Comprehensi Cut Score: 0.45
ID: 1203 Curriculum(s): ES: MT8, MTO: 4-3-46, NR2011: CA1, NR2015: CA1

- A: To relieve chest pain.
- B: To reduce the blood pressure.
- C: To thin the blood clot from the coronary artery.
- D: To increase circulation to the affected area of the heart.

Nitroglycerin is a potent vasodilator. Our goal is to open up the coronary arteries to increase blood flow to the affected area of the heart. It is not an analgesic (pain) medicine. In fact, it has a common side effect of causing a headache when administered. Reducing a chest pain patient's blood pressure can cause the heart rate to increase and make the infarction worse.

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167. Provider Level: EMT Reading Level: 7.7 Bloom Level: Evaluation (C Cut Score: 0.60
ID: 4365 Curriculum(s): ES: PR13, MTO: 4-5-5, NR2011: ME6, NR2015: ME3

- A: His heart may not be pumping.
- B: It doesn't work on large people.
- C: Too much histamine is in his system.
- D: The peripheral circulation is shut down.

When patients are in anaphylaxis, the peripheral circulation begins to shunt blood to the vital organs. So any medication deposited in the muscle may not be circulated into the system for quite some time. Getting this patient into the ED is imperative, as most likely he will need IV epinephrine and artificial ventilation.

168. Provider Level: EMT Reading Level: 7.7 Bloom Level: Application (Cut Score: 0.60
ID: 4366 Curriculum(s): ES: PR14, MTO: 4-1-6, NR2011: OP33, NR2015: OP3

- A: Drug manufacturer.
- B: Color of medication.
- C: Food intake preceding medication.
- D: Time of day, time before expiration.

The five rights must always be reviewed before any medications are administered, even in an emergency situation.

169. Provider Level: EMT Reading Level: 7.5 Bloom Level: Application (Cut Score: 0.60
ID: 485 Curriculum(s): ES: MT4, MTO: 4-5-1, NR2011: ME6, NR2015: ME3

- A: Inhalation poisoning.
- B: Mild allergic reaction.
- C: Anaphylactic reaction.
- D: Severe allergic reaction.

With normal vital signs and no difficulty breathing, this patient would best be described as having a mild allergic reaction.

170. Provider Level: EMT Reading Level: 9.3 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 1759 Curriculum(s): ES: MT7, MTO: 4-8-9, NR2011: ME22, NR2015: ME6

- A: You needed them to secure a knife on the scene.
- B: You anticipated the patient could be violent or dangerous.
- C: To serve as a witness in case the patient accuses you of wrongdoing.
- D: To protect the patient's civil rights in the event you had to restrain her.

During a behavioral emergency call, the police are the best resource for assisting you if the patient becomes violent. During these types of calls, you should modify the actions you normally take. The other reasons are not considered the BEST reasons for calling for police support.

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171. Provider Level: EMT Reading Level: 10.2 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1286 Curriculum(s): ES: SP2, MTO: 6-1-9, NR2011: OB16, NR2015: CA6

- A: Strong peripheral pulses.
- B: The infant has a dry diaper.
- C: Arms that are cool and pale.
- D: Delayed capillary refill.

Strong peripheral pulses indicate his blood pressure is strong enough to generate a good blood pressure (peripheral pulses). The other options indicate the patient is likely compensating for shock.

172. Provider Level: EMT Reading Level: 8.5 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 484 Curriculum(s): ES: SP1, MTO: 4-9-19, NR2011: OB1, NR2015: ME11

- A: Providing low-concentration oxygen.
- B: Providing her with high-concentration oxygen.
- C: Placing her in a Trendelenburg position to treat for shock.
- D: Assisting with normal delivery as her signs are appropriate for her condition.

You should immediately provide this patient with high-concentration oxygen as this is the only way to treat the fetus who, given the mechanism, is probably suffering from hypoxia.

173. Provider Level: EMT Reading Level: 11.1 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1118 Curriculum(s): ES: MT2, MTO: 4-4-3, NR2011: ME3, NR2015: ME1

- A: Administrating of instant glucose.
- B: Maintaining an open, patent airway.
- C: Assessing for any traumatic injuries.
- D: Contacting medical control authority.

Airway management should always be your HIGHEST priority after assuring the scene is safe and considering whether immobilizing the head is necessary.

174. Provider Level: EMT Reading Level: 10.6 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 1024 Curriculum(s): ES: PR6, MTO: 3-6-4, NR2011: OP26, NR2015: OP5

- A: It will help you decide if a different treatment is necessary.
- B: Vital signs help establish how stable a patient is and predict how he will be later.
- C: Every provider must complete a reassessment every 10 minutes during transport.
- D: The reassessment may help you discover any errors or omissions that may have occurred.

The purpose of the reassessment is to determine if your treatment is effective or needs to be adjusted. Vital signs alone do not determine stable or unstable. They are also not a valuable predictor of the patient's outcome.

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175. Provider Level: EMT Reading Level: 11.1 Bloom Level: Analysis (Co) Cut Score: 0.90
ID: 4392 Curriculum(s): ES: PA3, MTO: 3-4-2, NR2011: CA2, NR2015: CA2

- A: Takes coumadin.
- B: Takes vitamin B12.
- C: Had cancer as a child.
- D: Has financial challenges.

When gathering lots of medical history from a patient, you must sort through and report what is significant to other health care providers. Sometimes there is very little time, and little to no documentation when EMS providers turn patients over for transport by other EMS personnel.

176. Provider Level: EMT Reading Level: 5.9 Bloom Level: Knowledge (Cut Score: 0.45
ID: 4457 Curriculum(s): ES: ST1, MTO: 4-3-9, NR2011: CA3, NR2015: CA3

- A: The compressions are too fast.
- B: The compressions are too deep.
- C: The ventilations are too shallow.
- D: The interruptions are too frequent.

For resuscitation of a cardiac arrest patient, CPR must be done perfectly. The reasons CPR is unsuccessful are; there are too many interruptions in compressions, compressions are too shallow, there is not complete recoil of the chest and the rate of compressions is too slow.

177. Provider Level: EMT Reading Level: 10.2 Bloom Level: Knowledge (Cut Score: 0.60
ID: 3572 Curriculum(s): ES: MT9, MTO: 4-6-2, NR2011: ME11, NR2015: ME7

- A: Seizures, headaches, and blurry vision.
- B: Respiratory depression, paranoia, and hypotension.
- C: Increased respirations, tachycardia, and dilated pupils.
- D: Confusion, one-sided weakness, headaches, and tachycardia.

Narcotic overdoses have varying signs and symptoms. Hypotension, respiratory depression, pupil changes, and paranoia are normal signs and symptoms.

178. Provider Level: EMT Reading Level: 9.7 Bloom Level: Comprehensi Cut Score: 0.90
ID: 3827 Curriculum(s): ES: PR15, MTO: 4-4-6, NR2011: ME4, NR2015: ME5

- A: The patient is awake and able to protect her airway.
- B: The patient has suspected diabetic ketoacidosis.
- C: The patient has documented hypoglycemia.
- D: The patient is in insulin shock.

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In order to safely administer glucose, the patient should be awake and able to protect her airway. Suspected hypoglycemia is sufficient and a patient can be hypoglycemic from causes other than too much insulin. Glucose would not be indicated in cases of DKA as there is already too much sugar in the system.

179. Provider Level: EMT Reading Level: 12.0 Bloom Level: Knowledge (Cut Score: 0.45
ID: 464 Curriculum(s): ES: SP1, MTO: 4-9-3, NR2011: OB1, NR2015: ME11

- A: Nuchal cord.
- B: Prolapsed cord.
- C: Placenta previa.
- D: Limb presentation.

Placenta previa is a pre-delivery emergency. The other emergencies listed occur during the delivery process.

180. Provider Level: EMT Reading Level: 11.9 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 4370 Curriculum(s): ES: PR15, MTO: 4-3-40, NR2011: CA1, NR2015: CA1

- A: Lasix.
- B: Sildenafil.
- C: Coumadin.
- D: Nitroglycerin.

When aspirin is given to a chest pain patient, it should be done with caution, and possibly advice from medical control if the patient is already taking anti-coagulants such as Coumadin.

181. Provider Level: EMT Reading Level: 8.4 Bloom Level: Synthesis (C Cut Score: 0.45
ID: 4493 Curriculum(s): ES: SP2, MTO: 4-9-13, NR2011: OB3, NR2015: ME11

- A: Lay a hand across the baby's chest.
- B: Attempt to find a pulse in the arm.
- C: Lay a finger under the baby's nose.
- D: Stimulate the baby to get them to cry.

Laying a hand across the newborn's chest should help you to feel for chest movement. You also may be able to feel the baby's heart rate. It is hard to feel air movement with your hand. Putting your face by the baby's face may allow you to feel for air movement but this will be hard if breathing is shallow.

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182. Provider Level: EMT Reading Level: 10.0 Bloom Level: Knowledge (Cut Score: 0.60
ID: 384 Curriculum(s): ES: ST12, MTO: 3-3-3, NR2011: TR16, NR2015: TR7

- A: To identify internal injuries.
- B: To quickly identify all injuries.
- C: To quickly identify immediate life threats.
- D: To determine the patient's neurological status.

We perform a rapid secondary assessment (rapid trauma survey) to quickly identify most immediate life threats. This assessment will not allow us to identify all injuries.

183. Provider Level: EMT Reading Level: 8.7 Bloom Level: Comprehensi Cut Score: 0.45
ID: 3535 Curriculum(s): ES: MT5, MTO: 6-1-11, NR2011: OB6, NR2015: ME4

- A: Feeling the forehead.
- B: Feeling the extremities.
- C: Using an oral thermometer.
- D: Using a rectal thermometer.

You should use a rectal thermometer for a child this age. Another option would be to obtain an axillary temperature. Feeling with your hands cannot tell you an actual temperature and is often unreliable.

184. Provider Level: EMT Reading Level: 6.7 Bloom Level: Comprehensi Cut Score: 0.60
ID: 3540 Curriculum(s): ES: SP3, MTO: 6-1-10, NR2011: OB10, NR2015: CA3

- A: 3 to 1.
- B: 5 to 1.
- C: 15 to 2.
- D: 30 to 2.

Two-rescuer CPR is performed at a ratio of 15 to 2 for the infant and child population.

185. Provider Level: EMT Reading Level: 9.8 Bloom Level: Synthesis (C Cut Score: 0.45
ID: 4458 Curriculum(s): ES: ST1, MTO: 4-3-9, NR2011: CA3, NR2015: CA3

- A: Suggest to the rescuer his rate is too fast.
- B: Offer to take over ventilations from this rescuer.
- C: Order all CPR to stop and state a new crew is taking over the CPR.
- D: Explain to rescuers that rapid ventilation does not allow the heart to fill.

Taking over ventilations is most likely the easiest way to insure that a new ventilation rate is performed. Just telling the rescuer that he is incorrect, or giving the reasons why he is incorrect may not be the best form of communication at this time.

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186. Provider Level: EMT Reading Level: 11.7 Bloom Level: Analysis (Co) Cut Score: 0.60
ID: 1644 Curriculum(s): ES: SP3, MTO: 6-1-6, NR2011: OB9, NR2015: AB6

- A: Be sure to tilt the head back several times before performing any back blows.
- B: Sweeping your finger in the patient's mouth is forbidden unless you see something.
- C: The timing of how chest thrusts and back slaps are delivered is not important.
- D: 3-month-old infants require a combination of chest and back thrusts for success.

It is very important to avoid performing blind finger sweeps in an attempt to clear an infant's airway. You may cause soft tissue damage or complicate the obstruction.

187. Provider Level: EMT Reading Level: 7.3 Bloom Level: Analysis (Co) Cut Score: 0.60
ID: 1280 Curriculum(s): ES: SP3, MTO: 6-1-3, NR2011: OB7, NR2015: AB4

- A: This is a normal behavior of a 10-year-old during a long transfer.
- B: He is now beginning to compensate for the high CO₂ levels.
- C: He is becoming more comfortable with his surroundings.
- D: His condition is worsening and this could be a grave sign.

A child acting tired while experiencing dyspnea should be considered a serious sign, as the child is becoming unstable. It should not be thought of as a positive finding. The child is likely becoming hypoxic.

188. Provider Level: EMT Reading Level: 8.0 Bloom Level: Comprehensi Cut Score: 0.90
ID: 357 Curriculum(s): ES: PR4, MTO: 3-8-7, NR2011: OP34, NR2015: OP6

- A: It is a legal document that can be subpoenaed.
- B: The entire report is available to the service for education.
- C: You should not document any mistakes in patient care here.
- D: Under the "Freedom of Information Act" it is available to the public.

The patient care report is a legal document that can be subpoenaed.

189. Provider Level: EMT Reading Level: 10.4 Bloom Level: Comprehensi Cut Score: 0.60
ID: 373 Curriculum(s): ES: ST12, MTO: 3-2-12, NR2011: TR16, NR2015: TR7

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

When assessing an unconscious adult patient for a pulse, you should initially check for the presence of a carotid pulse. A radial pulse is initially checked in a responsive adult medical patient. The brachial pulse is initially checked in an unresponsive infant.

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190. Provider Level: EMT Reading Level: 6.3 Bloom Level: Knowledge (Cut Score: 0.90
ID: 315 Curriculum(s): ES: PA1, MTO: 3-1-1, NR2011: OP4, NR2015: OP3

- A: Scene safety.
- B: Number of patients.
- C: Mechanism of injury.
- D: Need for additional assistance.

Your first focus should be scene safety, as you should not enter the scene if it is unsafe. You may be too far away from the scene to be able to determine the number of patients or the mechanism of injury. The nature of the scene will determine your initial need for assistance.

191. Provider Level: EMT Reading Level: 7.9 Bloom Level: Synthesis (C Cut Score: 0.90
ID: 419 Curriculum(s): ES: MT10, MTO: 4-2-7, NR2011: AB1, NR2015: AB3

- A: Adequate.
- B: Inadequate.
- C: Respiratory failure.
- D: Respiratory distress.

An adequate rate, volume, and good color all indicate adequate breathing.

192. Provider Level: EMT Reading Level: 8.5 Bloom Level: Comprehensi Cut Score: 0.60
ID: 1154 Curriculum(s): ES: ST1, MTO: 4-3-4, NR2011: CA3, NR2015: CA3

- A: Apnea.
- B: Weak pulse.
- C: Cyanosis.
- D: Unconsciousness.

If the patient has any type of pulse, AED application is contraindicated. Apnea means absence of breathing and cyanosis is blue skin (hypoxia).

193. Provider Level: EMT Reading Level: 8.5 Bloom Level: Analysis (Co Cut Score: 0.45
ID: 475 Curriculum(s): ES: SP2, MTO: 4-9-13, NR2011: OB7, NR2015: AB3

- A: 4.
- B: 5.
- C: 6.
- D: 7.

Appearance-1, Pulse-1, Respirations-1, Grimace-1, Activity-1.

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194. Provider Level: EMT Reading Level: 7.4 Bloom Level: Synthesis (C) Cut Score: 0.60
ID: 4393 Curriculum(s): ES: PA3, MTO: 4-4-1, NR2011: ME4, NR2015: ME5

- A: Diabetic and hypoglycemic.
- B: Diabetic and hyperglycemic.
- C: Hypertensive and having a stroke.
- D: Overheated and having heat stroke.

Many elderly persons may use the term “sugar” or “the sugars”, or “sugar diabetes” to name the condition of diabetes. Any person who says anything about sugar when they are confused or in distress such as this patient should be considered diabetic until proven otherwise.

195. Provider Level: EMT Reading Level: 5.6 Bloom Level: Comprehensi Cut Score: 0.60
ID: 2067 Curriculum(s): ES: PR4, MTO: 3-8-5, NR2011: OP34, NR2015: OP6

- A: It relays the rescuer's impressions of the call.
- B: The report is only valuable for billing purposes.
- C: It documents exactly what happened during a call.
- D: It must serve as notes for the provider during testimony.

The run form is a legal document that tells everyone in a courtroom what happened. It should not include impressions or feelings during the call. You must realize it is a record of an event and is used for more than just billing purposes.

196. Provider Level: EMT Reading Level: 9.5 Bloom Level: Application (Cut Score: 0.60
ID: 486 Curriculum(s): ES: MT4, MTO: 4-5-2, NR2011: ME7, NR2015: ME3

- A: Administering activated charcoal.
- B: Assisting the patient's ventilations.
- C: Clearing the airway with abdominal thrusts.
- D: Administering epinephrine by way of auto-injector.

Our most important intervention should be to administer epinephrine if available as this patient is having a severe allergic reaction.

197. Provider Level: EMT Reading Level: 12.0 Bloom Level: Analysis (Co Cut Score: 0.60
ID: 492 Curriculum(s): ES: MT4, MTO: 4-5-7, NR2011: ME7, NR2015: ME3

- A: A patient with respiratory distress.
- B: A patient with hives and a runny nose.
- C: A patient with a headache and flushed skin.
- D: A patient with a history of allergies but no symptoms.

The use of an auto-injector is most appropriate for a patient with respiratory distress. The other signs and symptoms are not severe enough to warrant the use of epinephrine.

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198. Provider Level: EMT Reading Level: 7.9 Bloom Level: Comprehensi Cut Score: 0.90
ID: 1120 Curriculum(s): ES: MT6, MTO: 4-4-4, NR2011: ME4, NR2015: ME5

- A: Unconsciousness.
- B: History of stroke.
- C: Prior heart attacks.
- D: Difficulty speaking.

If the patient is unconscious, he may aspirate the medication. Past medical history of cardiac problems, central nervous system injuries, and difficulty speaking are not contraindications for administration.

199. Provider Level: EMT Reading Level: 7.4 Bloom Level: Synthesis (C Cut Score: 0.90
ID: 4388 Curriculum(s): ES: PA1, MTO: 3-1-6, NR2011: OP15, NR2015: OP4

- A: A licensed medical helicopter.
- B: Additional rescue personnel and additional EMS transport.
- C: Notify all neighboring departments to respond to the scene.
- D: Call around to other departments to see if they have personnel available.

It is important to know what resources you have in your area before responding to a scene. Scene safety is a priority so help with that should be the first request, followed by additional help to transport four critical patients.