

**SOUTH PLAINS
EMERGENCY MEDICAL
SERVICES**

**PRE-HOSPITAL
TREATMENT
PROTOCOL
EXAM**

**EMERGENCY CARE ATTENDANT
(ECA)
FEBRUARY 2012**

****Minimum Passing Grade is 80%****

2012
ECA
Protocol Exam

1. Your service wants to hire a new employee who only has a National Registry card. What else must this person obtain before he is allowed to work on an ambulance?
 - A. A copy of his course completion
 - B. Nothing, A National registry card is enough for a person to work on an ambulance in Texas
 - C. Written approval from medical director
 - D. A current TDSHS state certification

2. A patient presents with trouble walking, sudden confusion, and sudden trouble speaking. He denies falling or any traumatic injury. Which algorithm should be followed?
 - A. Respiratory distress
 - B. Decreased Level of Consciousness
 - C. Stroke/TIA
 - D. Trauma

3. If an SAED is configured to the 2010 AHA Guidelines, how many shocks will an adult patient, in cardiac arrest, initially received?
 - A. 1
 - B. 2
 - C. 3
 - D. 4

4. Your patient is a 64-year-old female that has been in cardiac arrest for several minutes. You have been ventilating with a BVM with attached ResQPOD for the duration of the incident. After the second defibrillation, the patient converts to a perfusing rhythm with a strong carotid pulse. However, the patient has no spontaneous respirations and still requires ventilatory support with a BVM. For this patient, the ResQPOD should be left in place because the patient still requires artificial ventilations.
 - A. True
 - B. False

5. You are called to CMC to transfer a patient to a local nursing home. The patient has terminal cancer and is being sent to the nursing home for pain management and palliative care. The patient does NOT have a TDSHS Out of Hospital DNR form but the transferring physician writes "Do Not Resuscitate" on the transfer orders and signs the document. En route, the patient goes into cardiac arrest. You should:
 - A. Perform chest compressions only and continue transport to the nursing home
 - B. Contact the nursing home for orders
 - C. Begin full resuscitative efforts since EMS cannot honor such physician DNR's
 - D. Honor the hand written DNR since the physician is responsible for patient care during transport

6. Which of the following should be considered in all near drowning patients?
 - A. All near drowning patients should be transported to an ER regardless of how good the patient looks
 - B. Air transport should be considered to expedite patient's arrival at the hospital
 - C. Consider spinal cord trauma
 - D. All of the above are correct

7. You are called out in the county for a person with a snakebite. Upon arrival, you find an 18-year-old male with a rattlesnake bite to his right lower leg. Massive swelling is noted. You should do all of the following EXCEPT:
 - A. Give patient BLS supportive measures
 - B. Apply ice to the bite sight
 - C. Maintain leg at heart level
 - D. Zero elevation of the right leg

8. If an SAED is not configured to the 2010 AHA guidelines, what should you do?
 - A. Follow manufacturer's recommendations
 - B. Give only one shock at the lowest setting
 - C. Override the SAED and manually defibrillate at 360J or biphasic equivalent
 - D. Give no shocks and call for paramedic backup

9. Which of the following minors **cannot** legally refuse transport and sign the refusal form?
 - A. A 17 year old who is on active duty with the US Army
 - B. A 15 year old female who is pregnant
 - C. A 17 year old whose parents are away on vacation
 - D. A 16 year old who is emancipated from his/her parents

10. Which of the following statements about Quick Clot is INCORRECT?
- It eliminates the need for direct pressure after application
 - Detailed instructions are printed on the package
 - It is a hemostatic agent that is used to assist in bleeding control
 - It is optional for the current protocols
11. The correct dosage and route for Epinephrine 1:1,000 for an adult person with an anaphylactic reaction is:
- 0.3mg IM
 - 0.3mg SC
 - 0.3mg via Auto-injector
 - Either A or C
12. You respond to a youth football game for an injured player who was unconscious for a brief period of time prior to your arrival. You notice that the helmet fits too loose and needs to be removed. Which of the following statements is correct?
- Remove the facemask first then the helmet
 - Remove the helmet and shoulder pads simultaneously
 - Remove the shoulder pads first and then the helmet
 - Remove the helmet first then the shoulder pads
13. You respond to an adult patient who has been ejected from an ATV. The patient is unconscious and unresponsive with a head injury and is breathing about 6 breaths per minute. The Glasgow Coma Score is 7. You place an oropharyngeal airway and begin to ventilate the patient. At what rate should you ventilate this patient?
- 12-16 breaths per minute
 - 8-10 breaths per minute
 - 24 breaths per minute
 - 16-24 breaths per minute
14. When applying an SAED to a pediatric patient, which of the following is/are correct?
- Use adult pads if pediatric pads are not available
 - If adult pads are used, apply according to manufacturer's recommendation
 - Use pediatric pads if available
 - All of the above are correct
15. Which of the following statement about carrying nasal airways is correct?
- Each ambulance must be stocked with 2 of each sizes from 20fr through 36fr
 - Each ambulance must be stocked with a minimum of 2 nasal airways; one for adults and one for pediatrics
 - Each ambulance must be stocked with 1 of each size from 20fr through 36fr
 - Nasal airways are optional
16. The 3 components of the Cincinnati Stroke Scale are:
- One sided weakness, arm drift, and speech
 - Facial droop, arm drift, and speech
 - Facial droop, arm drift, and one-sided weakness
 - Facial droop, one-sided weakness, and speech
17. To determine if a patient could possibly be suffering from acute coronary syndrome (ACS), and be in need of treatment in the Cardiac Chest Pain or Suspected Myocardial Infarction protocol, the EMS provider should:
- Consider the patient's history and risk factors
 - Consider findings from the physical exam
 - Compile and interpret all collected information
 - All of the above
18. Paramedic backup should be contacted for a patient with dyspnea if serious respiratory distress, wheezing, and pulse ox (on oxygen) is less than:
- 94%
 - 92%
 - 90%
 - 88%
19. Which of the following skills is/are required to be tested twice annually?
- SAED
 - Subcutaneous Epinephrine (if currently carried by your service)
 - Intramuscular Epinephrine (if currently carried by your service)
 - Epinephrine Auto Injector

20. A newborn is pink with blue extremities, has a pulse of 104, grimaces with suctioning, actively moves, and has slow respirations. The APGAR score is:
- A. 7
 - B. 8
 - C. 6
 - D. 5
21. The patient is a 45-year-old executive who experienced a sudden onset of crushing chest pain while sitting at his desk. He is awake and alert. His skin is cool, pale, and moist. BP-140/90; P-110, weak, regular, R-20 shallow, regular. Your first action should be to:
- A. Administer 0.4 mg nitroglycerin SL
 - B. Check blood sugar level
 - C. Administer oxygen via non-rebreather mask
 - D. Administer aspirin 325 mg
22. Which of the following is/are requirement(s) that each ECA must meet in order to have proper SPEMS Medical Control Direction?
- A. Must attend at least four case reviews per year
 - B. Must have current CPR certification in Health Care Provider BLS
 - C. Must demonstrate proficiency of use of an SAED twice per year
 - D. Both A and B are correct
23. A 16-year-old male is involved in a one-car rollover. He denies any pain or injuries. His vital signs are normal and the exam shows no obvious injuries. He tells you that he lives at home with his parents. He also tells you that he does NOT want to be transported to the hospital. You are unable to reach his parents or other responsible relative. What should you do with this patient first?
- A. Have law enforcement transport the patient to the hospital in a patrol car
 - B. Contact medical control and law enforcement for assistance
 - C. Forcibly restrain the patient on a backboard and transport to the hospital
 - D. Allow the patient to sign a refusal form
24. Which hemostatic agent is allowed to be carried?
- A. Quickclot (heat free formula)
 - B. Celox
 - C. Bloodstop
 - D. Either A or B
25. If you work with a volunteer fire department that is located outside of the SPEMS region, you may use the SPEMS protocols, while performing duties of that department, as long as the volunteer fire department does NOT operate the local EMS service.
- A. True
 - B. False
26. Which of the following are considered anginal equivalents and should alert EMS personnel to consider following the Cardiac Chest Pain or Suspected MI Protocol?
- A. Weakness/fatigue without history of GI bleed or recent fever
 - B. Respiratory distress/dyspnea
 - C. Palpitations, syncope, or near syncope
 - D. Any/all of the above
27. Electronic signatures are acceptable on the new OOH DNR forms.
- A. True
 - B. False
28. In order for a BLS service to carry intramuscular Epinephrine, instead of the Epi Auto-Injectors, each service must show:
- A. That carrying the Epi Auto-Injectors would put a financial hardship on the service
 - B. That each unit has ALS capabilities
 - C. That all active ECA's, EMT's, and Intermediates are appropriately trained on IM injections and the Allergic Reaction Protocol
 - D. Both B and C are correct
29. What is the correct adult dosage of oral glucose for a hypoglycemic patient?
- A. 10mg
 - B. 10g
 - C. 15mg
 - D. 15g

30. You have a patient with obvious signs/symptoms of a stroke, with initial onset 30 minutes ago, and you are unable to adequately manage his/her airway, where should that patient be transported to?
- Closest office or clinic with a physician
 - Closest highest designated stroke facility
 - Nearest acute care facility
 - Closest level I trauma facility
31. Contraindications to administering oxygen include:
- Organophosphate poisoning
 - Paraquat poisoning
 - Ingestion of an acid or alkali
 - Decreased level of consciousness
32. You are transporting an 85-year-old female to UMC with respiratory distress. She has a long-standing history of COPD and cardiac problems. She has a TDSHS Out of Hospital DNR and there is no reason to dispute the DNR. While administering oxygen, the patient suddenly goes unresponsive and her breathing slows to 8 breaths per minute. She is now cyanotic and her pulse ox shows 78%. The patient still has a gag reflex and a carotid pulse is present but weak. You should:
- Assist ventilations with a BVM since the DNR is not effective until the cessation of spontaneous respirations and/or pulses
 - Contact medical control for further instructions
 - Administer palliative care only since the patient has a valid DNR
 - Perform aggressive CPR
33. In order for an ECA to give Instant Glucose, the glucometer reading must be below what level?
- 90mg/dL
 - 70mg/dL
 - 50mg/dL
 - 30mg/dL
34. Which of the following statement about taser probe removal is correct?
- Taser probe removal is up to each individual service; according to their policy
 - If the taser probe is embedded in the bone, use hemastats or pliers to remove it
 - Taser probes must be immediately removed at the scene
 - Taser probes should never be removed by EMS personnel
35. When should the positive findings of the Cincinnati Stroke Scale *first* be reported?
- En route to the ER
 - Upon arrival at the ER
 - On the run report
 - At the scene, if possible
36. The ResQPOD device is indicated for which type of patient?
- Adult patients in respiratory arrest
 - Pediatric patients with severe dyspnea
 - Adult patients in cardiac arrest
 - Both A and C
37. You arrived to find a 49-year-old female that has been pulled from a frozen lake. She is unconscious, pulseless, and apneic. Her core temperature is 81° F. Which of the following should be performed?
- CPR, attach AED, shock once only, if advised by AED, withhold any additional shocks
 - CPR, attach AED, shock every 2 minutes if advised by AED
 - CPR, do not attach AED since patient is hypothermic
 - CPR, attach AED, perform 6 minutes of CPR prior to shock as the patient is hypothermic
38. Which of the following devices may be used by an ECA for airway management?
- Nasogastric tube
 - Combi-tube or King airway
 - Oropharyngeal airway or nasopharyngeal airway
 - Any/all of the above
39. SPEMS required skills may be checked of by any of the following persons EXCEPT:
- A TDSHS Instructor
 - A Peer Reviewer
 - The Medical Director
 - An AHA CPR Instructor
40. In the event that a non-EMS healthcare provider, such as a nurse, is needed to accompany the EMS crew, what must occur before the non-EMS healthcare provider can render care?
- The non-EMS provider must have a current CPR card
 - The non-EMS healthcare provider must obtain prior medical direction from a physician
 - The patient's condition must deteriorate
 - The non-EMS provider must be ACLS certified

41. When a patient is hypothermic, you should actively rewarm the patient as soon as possible.
- True
 - False
42. A positive “tilt” test refers to:
- Systolic BP decrease of 20 mm Hg between lying and sitting
 - Pulse decrease of 20/minute between lying and sitting
 - Increase in pulse of 20/min between lying and sitting
 - Either A or C
43. A neonate should be given cardiac compressions when the:
- Brachial pulse is less than 60
 - Carotid pulse is less than 60
 - Umbilical pulse is less than 80
 - Brachial pulse is less than 120
44. _____ is defined as a presentation of an unexplained seizure or convulsion in the setting of the signs and symptoms of Pre-Eclampsia. It typically occurs during or after the 20th week of gestation or in the postpartum period.
- Eclampsia
 - Magnesium Sulfate toxicity
 - Toxemia
 - Sepsis
45. An example of a critical burn is:
- Patients with burns of the genitalia
 - Electrical injury
 - 10% TBS 3rd degree burns located on the back
 - All of the above
46. Adequate perfusion is defined as all of the following EXCEPT:
- Skin is warm and dry
 - Capillary refill > 2 seconds
 - Patient is alert and oriented
 - Palpable radial pulses
47. What is the pediatric dose of Epinephrine 1:1,000 if given via intramuscular injection?
- 0.01mg/kg to a max of 0.3mg
 - 0.1mg/kg to a max of 0.15mg
 - 0.01mg/kg to a max of 0.15mg
 - 0.15mg
48. Which of the following statements about required equipment is INCORRECT?
- All SAEDs must have a charged spare battery or must be equipped with the 5 year sealed battery
 - All pulse oximeters must have charged spare batteries
 - ResQPod is optional
 - All portable suction units must have charged spare batteries or an alternative power source
49. What is the appropriate ventilation rate during neonatal resuscitation?
- 50/minute
 - 40/minute
 - 30/minute
 - 20/minute
50. After defibrillating an adult patient with an SAED, a pulse is restored. While getting ready to load, the patient suddenly becomes pulseless again. The SAED is still attached. What should you do FIRST?
- Perform CPR for 2 minutes prior to analyzing and defibrillating with the SAED if indicated
 - Immediately utilize the SAED and defibrillate again if indicated
 - Immediately begin rapid transport
 - Immediately contact Medical Control for guidance

****END OF EXAMINATION****