SHIFT 10 Quiz

Name: _______________________________  Score: ________________
Date: _______________________________

1) List (3) symptoms a patient might display to be considered positive for orthostatic hypotension:

2) Which of the following is the most appropriate position for a hypotensive patient?
   a. Trendelenberg
   b. Laying supine with feet elevated 8-12”
   c. Left lateral recumbent
   d. Reclined at a 30-40° angle

3) What is a contraindication for placing a patient in the shock position?
   a. Altered level of consciousness
   b. Positive orthostatic vitals
   c. Chest pain
   d. Respiratory distress

4) During evaluation of orthostatic vitals, how long should providers allow between each position change before reassessing the patient’s pulse and blood pressure?
   ________________________________

5) True or False: Patients with a history of uncontrolled hypertension may show signs of hypotension when their systolic blood pressure is >90 mmHg.

6) While transporting a 180lb patient suffering from persistent hypotension, you decide to administer dopamine. Using a dose of 5mcg/kg/min, what will be your drip rate using a 60 drop set? ________________________

7) You are treating a 6 year old male for hypotension and decide to administer normal saline for fluid resuscitation. If the patient weighs 60lbs, what is the maximum amount of normal saline your patient can be given over the course of your treatment?
   a. 545ml
   b. 1090ml
   c. 1636ml
   d. 2180ml
8) Which of the following would be an appropriate situation to consider the use of dopamine?
   a. A patient suffering from cardiogenic shock due to a fractured neck and is hypotensive.
   b. A hypotensive urinary tract infection patient who is now suffering from high fever.
   c. A trauma patient with signs of significant internal bleeding and a pulse that can only be felt at the carotid artery.
   d. A patient in cardiac arrest with a rhythm of ventricular fibrillation.

9) In an adult hypotensive patient, fluid administration should be titrated to obtain what systolic blood pressure?
   a. 60mmHg
   b. 70 + (2 x age in years)
   c. 90mmHg
   d. 100mmHg

10) Which of the following is a contraindication to fluid resuscitations?
    a. Rales observed in lower lobes of lungs
    b. Poor venous access
    c. History of hypertension
    d. None if used when indicated

11) Hypotension is a contraindication for the use of CPAP (Continuous Positive Airway Pressure) in patients experiencing severe respiratory distress.
    A. True
    B. False

12) Intravenous fluid should be administered to the hypotensive (medical) adult patient until _____.
    A. The blood pressure increases by 10%
    B. The patient receives 100cc of saline
    C. A blood pressure \( \geq 100 \) mm/Hg systolic is obtained
    D. 90 mm/Hg systolic is obtained

13) Per the medication administration directive, all IO/IV medications given to pediatric patients shall be flushed with how many cc’s of saline?

14) What is the max. volume of ml. that can be given intra-nasal?

15) What size and gauge needles do you use for I.M. injections?
SHIFT 11 QUIZ

Name: _______________________________  Score: ________________
Date: __________________

1) True or False: It is always acceptable to delay treatment of a bradycardic patient in order to obtain an accurate 12 lead ECG.

2) In which of the following patients is atropine contraindicated?
   a. After performing a 12 lead, your patient is found to have significant ST elevation in leads V1-V4 and a heart rate of 38.
   b. Your patient is a runner whose chief complaint is shortness of breath after a long distance run, who you also find to have a heart rate of 50.
   c. You note a third degree AV block in your patient complaining of dizziness and chest pain with a heart rate of 45.
   d. All of the above

3) You are treating a bradycardic adult complaining of chest pain. You do not note any contraindications to the use of atropine during your patient assessment. The proper dose of atropine for this patient is ______mg IV/IO every _______minutes, not to exceed ______mg total.

4) Which of the following is the appropriate dose of Versed to administer to a 45 year old male with profound hypotension and a heart rate of 36 prior to pacing?
   a. 2.5mg IV/IO
   b. 2.5mg IV/IO, may be repeated once after 5 min as needed
   c. .05mg/kg, not to exceed 2.5 mg, may be repeated once after 5 min as needed
   d. None of the above, Atropine is an acceptable treatment option for this patient.

5) You are treating a 2 year old male with hypotension and a heart rate of 65. You decide to administer Epinephrine. Your patient weighs 33 lbs. What is the appropriate dose?
   a. .01mg Epi 1:1,000
   b. .01mg Epi 1:10,000
   c. .15mg Epi 1:10,000
   d. 1.5mg Epi 1:10,000
6) Your Neonatal patient with an altered level of consciousness is found to have a heart rate of 70. What is your initial course of action?
   a. Give 1 breath every 3 seconds for thirty seconds, then reevaluate.
   b. Immediately begin CPR and reevaluate every 2 minutes until pulse is above 60.
   c. Initiate transcutaneous pacing at a rate of 80 bpm.
   d. Attempt to stimulate vagal response by spritzing the patient with cool water to the forehead.

7) True or False: Pacing should be withheld in hypothermic patients until the patient’s core temperature is greater than or equal to 86°F.

8) The correct pediatric dose of atropine is ______mg/kg, not to exceed 0.5mg.

9) Which of the following DOES NOT indicate symptomatic bradycardia in a pediatric patient?
   a. Hypotension
   b. Respiratory distress
   c. Hypoglycemia
   d. Hypoxemia

10) What is the minimum dose of Atropine that can be given to the symptomatic bradycardic patient that is a Pediatric?
SHIFT 12-13 Quiz

Name: ______________________________________ Score: __________________
Date: __________________

1) Which of the following is NOT a contraindication to the use of Nitroglycerin?
   a. Patient states that he took Cialis 36 hours prior to experiencing pain
   b. Heart rate of 40
   c. Blood pressure of 60/40
   d. Patient is complaining of 6 out of 10 chest pain that worsens with palpation.

2) True or False: A BLS provider can assist in the administration of the patient’s prescribed Nitroglycerin without calling Medical Control.

3) Which of the following descriptions of Aspirin is accurate?
   a. Aspirin is an antiplatelet medication
   b. Aspirin should be administered in a dose of 325mg PO
   c. Aspirin is contraindicated in patients with known bleeding disorders.
   d. Both A & C
   e. All of the above.

4) What type of medication is Morphine?
   a. Narcotic analgesic used to inhibit ascending pain pathways in the CNS by binding pain receptors
   b. Synthetic narcotic analgesic that increases pain thresholds and alters pain reception
   c. Narcotic antagonist that binds opioid receptor sites
   d. Sedative hypnotic that binds GABA receptors to inhibit neuronal excitability

5) Which of the following medications should be administered to a patient experiencing chest pain (when no contraindications are noted)?
   a. None unless a 12 lead ECG confirms suspicions of an ST-elevation MI
   b. Oxygen, Nitroglycerin, Morphine, Aspirin
   c. Oxygen, Nitroglycerin, Fentanyl
   d. Oxygen, Nitroglycerin, Morphine, Versed

6) You are treating a 176lb 66 year old female presenting with chest pain and difficulty breathing. You have already administered nitroglycerin and are preparing to give Morphine Sulfate. What is the appropriate dose?
   a. 2 to 4mg, titrate to effect, every 5 minutes
   b. 2 to 4mg, titrate to effect, not to exceed 15mg
   c. 8.0mg
   d. 15mg
7) List three (3) side effects of Nitroglycerin:

8) How frequently should 15-lead ECG’s be performed in patients experiencing chest pain?

__________________

9) Which of the following is the most beneficial to include in the initial set of vitals for a chest pain patient:
   a. Blood sugar
   b. Pain scale assessment
   c. Quality of pain
   d. Whether or not the pain radiates

10) Your patient is experiencing nausea and vomiting as a complaint secondary to his chest pain. What is the appropriate dose of Odansetron to administer to this patient?
   a. 0.1mg/kg, not to exceed 15mg
   b. 3mg
   c. 4mg
   d. 2 mg, may be repeated once after 5 min as needed

11) What information does the Lifepak 12 automatically store?
   
   1 Defibrillation’s
   2 Pacing
   3 Dysrhythmias
   4 Lead changes
   5 Synchronized Cardioversions

   A. 1, 4 & 5
   B. 2 & 3
   C. 4 & 3
   D. 1, 2 & 5

12). Nitroglycerin in the med box will be dated to expire_____ days after the original seal is broken.

   A. 10
   B. 30
   C. 60
   D. 90
13) The Fibrinolytic checklist is used for patients over the age of __________.

14) According to standing orders, a 12 lead ECG should be obtained on ________.

1. All chest pain or suspected cardiac emergencies patients
2. All cardiac arrest patients
3. Only patients with S-T elevation in the monitor leads
4. Post cardiac arrest patients

   A. 1
   B. 1 & 3
   C. 3
   D. 1 & 4

15. A right sided infarct should be suspected and a right sided ECG should be obtained if __________.

   A. There is ST elevation in any two contiguous leads
   B. There is S-T elevation in leads I, II or III
   C. There is S-T elevation in leads II, III or AVF
   D. There is S-T elevation in leads V3 & V4
1) Your patient is a neonate with an initial heart rate of 80 bpm and persistent cyanosis. What is your next treatment?
   a. Initiate CPR immediately and reassess after 60 seconds.
   b. Stimulate the infant by rubbing vigorously with a clean towel.
   c. Administer supplemental oxygen for 30 seconds and then reassess.
   d. Administer epinephrine 1:10,000 at a dose of .01 mg/kg.

2) What is the correct ratio of compressions to ventilations for a neonate?
   a. 3 compressions to 1 breath
   b. 15 compressions to 1 breath
   c. 15 compressions to 2 breaths
   d. 30 compressions to 2 breaths

3) Ventilations should be performed at what rate in a neonate with persistent bradycardia (<100 bpm)?
   a. 10-12 breaths per minute
   b. 40-60 breaths per minute
   c. 20 breaths per minute
   d. 30 breaths per minute

4) You obtain an initial blood sugar of 25 for your neonatal patient. Your patient weights approximately 3kg according to the Broslow tape. How much D10 should you administer to this patient?
   a. 250g
   b. 250mg
   c. 750g
   d. 750mg

5) Describe the process how to mix Dextrose 10.

6) What is the proper normal saline flush to follow a medication after administration to a neonate?
   a. .01mL/kg normal saline
   b. .1mL normal saline
   c. 5mL normal saline
   d. 5mL/kg normal saline
7) You have determined the need to administer epinephrine 1:10,000 to a neonate in cardiac arrest. Your patient weighs approximately 5kg according to the Broslow tape. Determine the correct dose of epinephrine to administer to this patient.
   a. 0.05mg
   b. 0.5mg
   c. 5mg
   d. None of the above

8) True or False: It is acceptable for a BLS unit to transport a neonatal cardiac arrest patient when the time to package and transport the patient is less than the time it would take for an ALS unit to assume care.

9) Preeclampsia is best described as:
   a. Rapid weight gain of 10 or more pounds and fluid retention during pregnancy
   b. Seizures and hypertension of >140/90 leading up to delivery
   c. Hypertension of >140/90 and fluid retention
   d. A drug interaction caused by antidepressant use during pregnancy

10) Which of the following information is pertinent to gather for an OB patient?
    a. Gravida/Para status
    b. Whether or not the patient has been receiving prenatal care
    c. Any complications of the pregnancy
    d. All of the above

11) Your patient is postpartum and experiencing significant vaginal bleeding. What is an appropriate treatment for this patient?
    a. Encourage the mother to nurse
    b. Perform a uterine massage
    c. Use a tourniquet around the patient’s abdomen
    d. A & B are both appropriate
    e. None of the above, this patient need’s surgical intervention

12) List three (3) indications of imminent delivery:

13) What does APGAR stand for?
    A__________
    P__________
    G__________
    A__________
    R__________

14) The umbilical cord of a newborn should be clamped at _____ and _____ inches
15) Your patient is experiencing contractions and you note the presentation of the baby’s arm. What is the next treatment you should provide for your patient?
   a. Elevate mother’s hips, discourage pushing and rapidly transport.
   b. Place patient in left lateral recumbent position and discourage further pushing.
   c. Attempt to manually rotate the baby until you can deliver head first.
   d. Wait on scene for spontaneous delivery of the baby, then transport.

16) You are on scene for a patient who is in active labor. After delivery of the head, you note large amounts of meconium. What treatment should you provide?
   a. Wipe the nose and mouth of the baby vigorously with a clean towel until you hear vigorous crying.
   b. Using a bulb syringe, suction the mouth and then the nose before delivering the shoulders.
   c. Completely deliver the infant, and then suction the mouth and the nose while stimulating the newborn.
   d. Rapidly intubate the infant to check for meconium in the airway and suction as necessary, and then complete the delivery.

17) What is considered “full term” for neonates?
   a. ≥36 weeks
   b. ≥37 weeks
   c. ≥38 weeks
   d. 40 weeks

18) You are making note of the time between contractions for your patient in labor. How are contractions measured?
SHIFT 15 QUIZ

Name: _______________________________  Score: __________________

Date: __________________

1) You arrive on scene for a 12 year old complaining of severe cramping while attending a “two-a-day” football practice in August. What should be your initial treatment of this patient?
   a. If the patient is not nauseous, administer half-strength Gatorade solution by mouth to replenish electrolytes and resolve dehydration issue.
   b. Remove the patient from the environment to a cooler area and reduce the potential for further dehydration.
   c. Apply cold packs to the patient’s neck, armpits and groin to lower the patient’s temperature.
   d. Establish an IV to replenish fluids intravenously.

2) What populations are most at risk for sustaining a hyperthermic emergency?

3) Which of the following is NOT an appropriate treatment of a patient suffering from a hyperthermic emergency?
   a. Taking patient into an air conditioned environment
   b. Loosening and/or removal of tight clothing
   c. Application of cold packs to the back of the neck, armpits and groin until the patient begins to shiver
   d. Replenish fluids via IV/IO or orally as indicated by patient’s condition

4) True or False: Determining the level of hyperthermia will not affect how the patient is treated. All hyperthermic patients need to receive fluids and be cooled aggressively to prevent brain damage.

5) You are treating a 56 year old male whose wife called 9-1-1 after she noticed the patient acting strangely while mowing the lawn. Upon your arrival, you note that the patient seems slow to respond and that his skin feels hot and dry to the touch. In what level of hyperthermia would you determine this patient to be?
   a. Heat cramps
   b. Heat stroke
   c. Heat exhaustion
   d. None of the above, the patient is just tired from working.
6) What is the most appropriate treatment for the above patient?
   a. Establish an IV to replenish fluids and perform a 12 lead ECG
   b. Remove patient from the heat to the air conditioned unit
   c. Apply ice packs to the back of the neck, armpits and groin
   d. All of the above are appropriate treatments

7) Which of the following hyperthermic emergency is not associated with an elevated body temperature?
   a. Heat cramps
   b. Heat exhaustion
   c. Heat stroke
   d. All hyperthermic emergencies are associated with elevated body temperatures

8) Hypothermic patients should be defibrillated a maximum of _____ time(s) in the event of cardiac arrest.
   a. 1
   b. 2
   c. 3
   d. As many times as allowed by their assessed rhythm

9) In a hypothermic patient, how long should a provider check the patient’s pulse?

10) In a patient with systemic hypothermia, you will note a core temperature of less than or equal to
    a. 86°F
    b. 90°F
    c. 92°F
    d. 95°F

11) “Localized hypothermia” is more commonly referred to as
    a. Cold blisters
    b. Cold sores
    c. Frostbite
    d. Shivering

12) You have been called to a 65 year old male who was found unconscious outside on a snowy day. What should be your initial action to treat this patient?
    a. Immediately apply hot packs to the patient’s neck, armpits and groin.
    b. Gently remove the patient from the area.
    c. Actively rewarm the patient by rubbing the patient vigorously with towels to stimulate blood flow.
    d. Administer warm IV fluids to quickly increase the patient’s core temperature.

13) True or False: Hypothermic patients have an increased risk of developing ventricular fibrillation due to rough or aggressive handling of interventions or movement.
14) Which of the following is an appropriate treatment of localized hypothermia injuries?
   a. Drain the blister to reduce the chance of further injuring the area by the fluid refreezing
   b. Dress the injury with a dry sterile dressing
   c. Rub the area vigorously to stimulate blood flow and rewarm the area.
   d. Increase the patient’s activity level to prevent shivering and further heat loss.
Phase 2 Final Test

Name: ______________________________ Score: ______________________________

Date: ______________________________

1) Which of the following is a contraindication to fluid resuscitations?
   a. Rales observed in lower lobes of lungs
   b. Poor venous access
   c. History of hypertension
   d. None if used when indicated

2) Hypotension is a contraindication for the use of CPAP (Continuous Positive Airway Pressure) in patients experiencing severe respiratory distress.
   a. True
   b. False

3) Intravenous fluid should be administered to the hypotensive (medical) adult patient until _____.
   a. The blood pressure increases by 10%
   b. The patient receives 100cc of saline
   c. A blood pressure ≥100 mm/Hg systolic is obtained
   d. 90 mm/Hg systolic is obtained

4) Per the medication administration directive, all IO/IV medications given to pediatric patients shall be flushed with how many cc’s of saline?

5) What is the max. volume of ml. that can be given intra-nasal?

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   c. .05mg/kg, not to exceed 2.5 mg, may be repeated once after 5 min as needed
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   a. .01mg Epi 1:1,000
   b. .01mg Epi 1:10,000
   c. .15mg Epi 1:10,000
   d. 1.5mg Epi 1:10,000

9) Your Newborn patient presents with an altered level of consciousness is found to have a heart rate of 70. What is your initial course of action?
   a. Give 1 breath every 3 seconds for thirty seconds, then reevaluate.
   b. Immediately begin CPR and reevaluate every 2 minutes until pulse is above 60.
   c. Initiate transcutaneous pacing at a rate of 80 bpm.
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16) Describe the process how to mix Dextrose 10.

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19) True or False: It is acceptable for a BLS unit to transport a neonatal cardiac arrest patient when the time to package and transport the patient is less than the time it would take for an ALS unit to assume care.

20) How frequently should 12-lead ECG’s be performed in patients experiencing chest pain?
   ______________________

21) Which of the following is most beneficial when treating a patient complaining of chest pains:
   a. Blood sugar
   b. Pain scale assessment
   c. Quality of pain
   d. Whether or not the pain radiates
22) You arrive on scene for a 12 year old complaining of severe cramping while attending a “two-a-day” football practice in August. What should be your initial treatment of this patient?
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23) What populations are most at risk for sustaining a hyperthermic emergency?

24) Which of the following is NOT an appropriate treatment of a patient suffering from a hyperthermic emergency?
   a. Taking patient into an air conditioned environment
   b. Loosening and/or removal of tight clothing
   c. Application of cold packs to the back of the neck, armpits and groin until the patient begins to shiver
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25) True or False: Determining the level of hyperthermia will not affect how the patient is treated. All hyperthermic patients need to receive fluids and be cooled aggressively to prevent brain damage.