EMT B–IV, Intermediate and Paramedic Protocol Test: Revised 05/15

1. Per the protocols, what is the preferred stroke assessment for patients?
2. Cleveland
3. Cincinnati
4. Los Angels
5. MEND
6. Which of the following does NOT mimic a stroke?
7. Hypoglycemia
8. Overdose
9. Bell’s Palsy
10. Hypothermia
11. Which of the following is a precaution for placing a King Tube airway?
12. Patient over 6’ tall
13. Patient under 4’ tall
14. Pediatric patients
15. Both b & c
16. Per the Adult Seizure protocol, what is the medication to be administered to patients that are postictal?
17. D50
18. A Benzodiazepine
19. Oral glucose
20. Oxygen
21. You are paged to the following patient: 54 y/o male whose has an altered mental status and a history of diabetes with the following vitals; pulse = 80 and regular, B/P 130/80, SpO2 96% on RA, BG = 61, and no recent history of trauma. Per the protocols, what is the most appropriate care?
22. Work to refuse patient transport
23. O2, IV, monitor and transport
24. Administer D50 while considering other causes of AMS
25. Administer Narcan while considering other causes of AMS
26. If Narcan is administered to a patient, they must be transported to the hospital?
27. True
28. False
29. All patients with traumatic injuries must be transported with full C spine precautions including a backboard?
30. True
31. False
32. Which of the following is the preferred method of ventilation for pediatric patients < 8 years of age?
33. Oral tracheal tube and BVM
34. King Tube airway and BVM
35. BVM only
36. Pocket mask
37. Which of the following is NOT a contraindication for CPAP?
38. Systolic BP < 90
39. Respiratory rate > 24 / min despite O2
40. Trauma
41. Significant AMS such that patient is unable to follow verbal instructions or signal distress
42. Per the protocols, an EMT-B/IV can administer Nitro per standing orders.
43. True
44. False
45. Per the protocols, an EMT-B/IV can place an Intraosseus Cather per standing orders.
46. True
47. False
48. Which of the following is NOT a side effect of albuterol sulfate administration?
49. Hypotension
50. Tachycardia
51. Dysrhythmia
52. Palpitations
53. Which of the following are contraindications to the administration of aspirin?
54. Pt. taking Coumadin
55. Pt. with active GI bleed
56. Pt. taking Plavix
57. All of the above
58. Which of the following patient groups should receive D25?
59. Children under the age of 12
60. Children ages 1-8
61. Children ages 3-12
62. Anyone under the age of 18
63. What is the pediatric dose of naloxone (Narcan)?
64. 0.02 mg/kg titrated to effect up to 2 mg
65. 1 mg/kg titrated to effect up to 2 mg
66. 0.01 mg/kg titrated to effect up to 2 mg
67. 0.5 mg titrated to effect up to 2 mg
68. Which of the following is true regarding the use of handcuffs with patients?
69. A LEO must always accompany the handcuffed patient, no exceptions
70. The pt. must never be placed in a supine position
71. The pt. must never be placed in a prone position
72. The pt. must remain in a sitting position
73. Which of the following is not associated with heat exhaustion?
74. Hypotension
75. Tachypnea
76. Anxiety
77. All of the above are common findings in heat exhaustion
78. A patient with abdominal pain and signs of shock, which of the following is true?
79. At least one IV should be established
80. A minimum of 2 large bore IV’s should be established
81. There is no protocol specification regarding IV’s, this aspect of care is up to the discretion of the EMT providing care
82. IV’s started should be prudent and necessary to the situation
83. Which of the following drug sets must the EMT-IV always get a physician order for?
84. Albuterol and Narcan
85. Albuterol and D50
86. Narcan, Albuterol, D50 and Zofran ODT
87. Albuterol, Zofran ODT
88. Which of the following is true in regard to DNR orders?
89. For the order to be honored, it must be the original, no photocopies or facsimiles allowed
90. A bracelet or medical alert tag identifying DNR status should be accepted the same as a signed paper documenting the same
91. DNR orders must be renewed annually, orders older than 12 months are invalid
92. Verbal DNR orders from a spouse or family member are to be treated as a signed paper would be
93. Which of the following is true regarding acceptance of a refusal on a minor?
94. A parent must be on scene in order to refuse any minor
95. In the event of a child that does not require transport, the child can be left in the care of a teacher at his/her school
96. A child that does not require transport can be left with a grandparent
97. B & C
98. In regards to the use of a tourniquet, which of the following is true?
99. There is little likelihood of injury from the tourniquet if removed within one hour
100. If bleeding appears to be controlled and transport is long, the EMT can attempt to remove the tourniquet
101. If the wound is close to a joint, the tourniquet may be applied over the joint
102. Direct pressure, proximal pressure points, pressure dressings, and elevating the injury site should all be attempted before tourniquet is even considered
103. Which of the following does not require transport to the ER?
104. TASER probe in the eye
105. TASER probe in the neck
106. TASER probe in the genitals
107. TASER probe in the lips
108. In which of the following hypoglycemia patients should every possible effort to transport be made?
109. A pt. taking oral hypoglycemic meds
110. A pt. with no Hx of diabetes who presents with hypoglycemia
111. A type 1 diabetic who took their insulin this morning and forgot to eat
112. All of the above
113. A & B
114. What is the proper compression to ventilation ratio for neo-natal resuscitation?
115. 3:1
116. 5:1
117. 15:2
118. 5:3

Intermediates and Paramedics continue:

1. Needle decompression of tension pneumothorax is a standing order for EMT-I’s and Paramedics?
2. True
3. False
4. What is the dosage of nebulized epinephrine when used in place of racemic epinephrine?
5. 1 ml 1:1000 x 3 doses
6. 2 ml 1:1000 x 2 doses
7. 5 ml 1:1000 x 1 dose
8. Epinephrine should never be used in place of racemic epinephrine
9. Which of the following rhythms is adenosine a primary intervention for?
10. Atrial Fibrillation
11. SVT
12. MAT
13. Atrial Flutter
14. B & C
15. B & D
16. What is the pediatric dose for Benadryl in the setting of allergic reaction?
17. 50 mg IVP/IO/IM
18. 25mg IVP/IO/IM
19. 1-2 mg/kg IV/IO/IM
20. 2-4 mg/kg IV/IO/IM
21. What is the dose and method of administration for epinephrine in severe systemic allergic reaction that remains refractory to IM epinephrine?
22. 1 mg of 1:1000 in 250 cc/NS admin at 2 mcg/min IV until BP of 90 or greater
23. 0.3 – 0.5 mg of 1:10,000 slow IVP repeat as needed
24. 0.3 – 0.5 mg of 1:1000 slow IVP repeat as needed
25. 1 mg of 1:1000 in 100 cc/NS at 0.5 ml/min until systolic BP of 90 or greater
26. Which of the following is NOT an approved medication for your EMT-IV?
27. ODT Zofran with physician order
28. IN Narcan with physician order
29. IV Zofran under the supervision of a paramedic
30. Dextrose in all forms on standing order
31. Which of the following is NOT a sign of instability in the tachyarrhythmia patient?
32. Hypotension
33. Altered LOC
34. Signs of poor perfusion such as pallor and diaphoresis
35. Rate over 180 BPM
36. What is the starting energy dose for transcutaneous pacing according to the protocols?
37. 40 mA
38. 60 mA
39. 80 mA
40. 100 mA
41. What is the starting rate in BPM for transcutaneous pacing according to the protocols?
42. 50 BPM
43. 60 BPM
44. 70 BPM
45. 80 BPM
46. Which of the following complications of CPAP are COPD patients at greater risk for?
47. Pneumothorax and hypotension
48. Pneumothorax and hypertension
49. Hypercapnia and pneumonia
50. Pulmonary edema and hypotension
51. Which of the following patients require a 12 lead ECG?
52. Suspected COPD exacerbation
53. Suspected pulmonary edema
54. Suspected adrenal insufficiency
55. Suspected CHF exacerbation
56. All of the above
57. For which of the following patients would magnesium sulfate be indicated?
58. 22 y/o female at 12 weeks gestation experiencing a Sx w/ unknown Hx of Sx
59. 30 y/o female at 18 weeks gestation experiencing a status Sx w/ a Hx of epilepsy
60. 18 y/o female at 36 weeks gestation experiencing a status Sx w/ a Hx of Sx
61. All of the above
62. Which of the following is NOT an acceptable first line treatment for an adult with excited delirium?
63. 2 mg Ativan IM
64. 5 mg Midazolam IN
65. 2 mg Midazolam IV
66. 5 mg Haloperidol IM
67. All patients receiving benzodiazepines must have cardiac and pulse oximetry monitoring at all times.
68. True
69. False
70. According to protocol, which of the following would be the correct volume for fluid resuscitation in a critical burn?
71. 20 ml/kg NS
72. (2-4 ml x %TBSA x pt. weight in kg) / 2 gives you volume to infuse in the first 8 hours
73. (10 ml x %TBSA x pt. weight in kg) gives you volume to infuse over 1st 24 hours
74. 40 ml/kg repeat x 2 challenges
75. Which of the following groupings of findings would indicate the need for a needle decompression of the chest?
76. SOB, unilateral diminished breath sounds, JVD, hypotension
77. Normal respiratory effort, hypotension, JVD, unilateral absent breath sounds
78. Tachycardia, unilateral absent breath sounds, normotension, respiratory distress
79. All the above
80. In the setting of a combative pt. with definitive indications of ETOH intoxication, what is the preferred drug for sedation?
81. Haloperidol
82. Ativan
83. Versed
84. Benadryl, Ativan, and Haloperidol
85. In regards to treatment of a V-fib cardiac arrest with concurrent hypothermia, which of the following is most correct?
86. Provide ALS interventions as you would in any other cardiac arrest
87. Provide one shock and one dose of IV epi, then continue with just CPR and ventilation until pt. is rewarmed
88. Do not provide any drugs or shocks until pt. is rewarmed to at least 95 degrees F
89. Provide 2 rounds of drugs (epi/amiodarone) and 2 shocks, then continue with only CPR and ventilation until pt. is rewarmed
90. Which of the following is an absolute contraindication to orotracheal intubation?
91. La-Forte fractures of any grade
92. Trauma of the oropharynx
93. Upper airway obstruction
94. There are no absolute contraindications to orotracheal intubation
95. Which of the following would be indicated for a stimulant overdose?
96. Ativan
97. Morphine
98. Benadryl
99. Narcan

Paramedics only:

1. What is the energy setting to perform synchronized cardio version on an adult with unstable SVT?
2. 100 joules biphasic
3. 150 joules biphasic
4. 200 joules biphasic
5. 50 joules biphasic
6. What is the starting dose for Dopamine?
7. 2-10 mcg/kg/min
8. 10-20 mcg/kg/min
9. 10 mcg/kg/min
10. 5 mcg/kg/min
11. Which of the following is the correct dosage for Calcium Gluconate given to an adult pt. in pulseless arrest assumed due to hyperkalemia?
12. 1 mg slow IV push
13. .5 mg/kg IV
14. 1 g slow IV push
15. Calcium Gluconate is not indicated
16. According to the protocols, a paramedic can give a patient their specialized prescription medications with which of the following conditions:
17. Acute crisis per standing orders
18. Acute crisis with call in orders
19. Under no conditions
20. Only if they are really good medications and they share
21. What is the max dose of morphine that can be given by paramedics to a patient for pain management per standing orders?
22. 10 mg IV/IO/IM
23. 4 mg IV/IO/IM dose may be repeated after 10 minutes and titrated to clinical effect up to a maximum dose of 8 mg
24. 6 mg IV/IO/IM dose may be repeated after 10 minutes and titrated to clinical effect up to a maximum dose of 12 mg
25. 20 mg IV/IO/IM