

2014 Integrity Ambulance Service, LLC

Standing Orders EMT Pretest

Note: The pretest is not inclusive of the questions and content of the written test. You as the provider are responsible for all material contained within the Standing Orders Training Manual.

Name: _____ Date: _____

Airway Management:

1. EMTs can suction trach tubes (but no further)
 - A. True
 - B. False
2. How does hyperventilation affect the brain?
3. List the following O₂ stipulations for Airway Maintenance:
 - A. Patient with COPD: _____
 - B. Other patients: _____
 - C. Severe trauma patients, distressed cardiac patients, patients with respiratory distress, and other patients who need high flow O₂: _____
4. Which intervention is not within the EMT's scope of practice?
 - A. Trach tube suctioning
 - B. Use of laryngoscope for foreign body removal
 - C. Placement of an LMA
 - D. Maintenance of existing medication pump
5. When inserting an LMA, you should advance the device until:
 - A. Teeth are at the 20-22cm mark
 - B. Teeth are between the black lines
 - C. The patient starts to gag
 - D. Definite resistance is felt

Medication Administration and Drug Bag

6. Any EMS provider; including First Responders, can witness drug wastage.
 - A. True
 - B. False
7. List the "6 Rights of Medication Administration"
 - A.
 - B.
 - C.
 - D.
 - E.
 - F.
8. When obtaining the SAMPLE history, what do the "A" and "M" represent?
 - A- _____
 - M- _____

9. Complete the following information for Nitroglycerin administration:
 - a. Adult Dose:
 - b. Minimum Age:
 - c. Minimum Systolic BP:
 - d. Route:

10. How many NTG can an EMT assist the patient in administering without medical control direction?

11. Oral glucose can be administered to an unresponsive, hypoglycemic patient:
 - a. True, but only when: _____
 - b. False, never put anything inside an unresponsive patient's mouth.

Trauma Emergencies

12. The *only* procedures that should take precedence to transport of major trauma patients are:
 - a.
 - b.
 - c.
 - d.

13. What information must be transmitted to the receiving facility when transporting a trauma victim?
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.

14. BLS Crews must fully immobilize fall patients within ____ hours.

15. You respond to a patient that fell 6 days ago. The patient slipped in the bathing room at the local facility. Late this afternoon while at therapy, the patient started complaining of left ankle pain with minor swelling. The staff states the patient refused to go to the ER at that time due to such a minor incident. You must:
 - a. Fully immobilize the patient
 - b. Re-verify the date/time of fall and cot transport
 - c. Apply a c-collar (minimum)
 - d. Complete the Selective Spinal Immobilization check-sheet

16. When presented with a patient severely hemorrhaging from a traumatic amputation, you should apply:
 1. _____
 2. _____
 3. _____

Cardiac Emergencies, BLS and Advanced Directives

17. An AED should only be used if it is programmed for AHA guidelines
 1. True
 2. False

18. A 24 y.o. nursing facility resident presents with chest pain that has been recurrent for 6 hours.
Correct treatment for this patient includes:
- Oxygen, ASA, NTG, transport
 - Oxygen, ASA, transport
 - ASA, NTG, transport
 - Oxygen, transport
19. You should always wait for an ALS intercept if your cardiac patient is unstable.
- True
 - False
20. What is the aspirin dose for an adult? (Over 25 years) _____
21. CPR should not be interrupted for more than:
- 30 seconds
 - 10 seconds
 - 60 seconds
 - 20 seconds
22. How is Nitro administered?
- 0.3mg x4 every 5 min
 - 0.4mg x3 every 5 min
 - 0.5 mg x4 every 3 min
 - 0.15mg x3 every 5 min
23. Describe Nitroglycerin dosing, precautions and restrictions per the protocols:

OB/GYN. Newborn

24. APGAR is to be completed at ____ and ____ minutes after birth.
25. When transporting a pregnant patient with no idea of due date, what is one good way to decide whether to transport to the ED or to a maternity department?
26. What is the destination guideline for the obstetrical patient?
27. How would you determine “normal” vital signs for a pediatric patient?
28. You should start CPR on a pediatric patient with poor perfusion and a HR of less than:
- 50
 - 60
 - 70
 - 100

Miscellaneous

29. Field Termination may be initiated for any age patient
True _____ False _____

30. If no ALS is available, the EMT may call Med Control to request field termination orders, even if the transport is less than 5 minutes
True _____ False _____
31. You are dispatched for a 48 year old male. His wife states that she went to the grocery, and upon return, found him to have left sided weakness and slurred speech. His pupils are equal and reactive to light. He follows commands, but cannot grip with his left hand. He is aphasic (abnormal) and drooling. Wife denies allergies. His only history is HTN. What items must accompany the patient to the hospital?
32. Which of the following DNR orders can you accept?
- Hospital-based form with physician signature
 - Ohio DNR form (with State logo) without patient address/signature
 - DNR form drafted by patient's lawyer and notarized
 - Tattoo on chest "Do Not Resuscitate"
33. In the Integrity Protocol books, pediatric guidelines are:
- Bulleted with a "P"
 - Shaded Gray
 - Underlined
 - A and C
34. Integrity Protocols are only to be used during transports to the ER/ED
True _____ False _____
35. What are the components of the Cincinnati Stroke Scale assessment?
- PMS x4, Abnormal Speech, Facial Droop
 - Arm Drift, Abnormal Speech, Tongue Displacement
 - Normal Blood Glucose, Abnormal Speech, Facial Droop
 - Arm Drift, Abnormal Speech, Facial Droop
36. Which device can be used after insertion of an LMA device for secondary confirmation?
- EDD
 - BAAM
 - End-Tidal CO₂ Cap
 - EDD or End-Tidal CO₂ Cap
37. The portions of the C.H.A.R.T. method are what?
- C –
H –
A –
R –
T –
38. You should place the Green seal from the drug bag back in the bag before resealing after use:
True _____ False _____

39. CPR is performed at a RATE of _____ and at a RATIO of ____:___ for an adult arrest victim.

40. For pediatric patients, how does ventilation change in the presence of signs of cerebral herniation?