









28. Reading Level: 2.3

Provider Level: EMT  
Educational Standard: PR8

Bloom Level: Comprehension Cut Score: 0.90  
Objective: 1-4-2

- A: Tibia.
- B: Femur.**
- C: Radius.
- D: Humerus.

The femur is the largest long bone in the body.

29. Reading Level: 5.6

National Registry: ME4

Provider Level: EMT  
Educational Standard: MT6

Bloom Level: Analysis Cut Score: 0.60

- A: Stroke.
- B: Drug overdose.
- C: Low blood glucose.
- D: High blood glucose.**

Any diabetic patient with altered mental status should be considered to have an imbalance in their glucose level. Slow onset of symptoms with warm, dry skin, and rapid respirations points to a problem with high blood glucose. Low blood glucose presents like a "shocky" patient. Stroke is typically rapid in onset of symptoms.

30. Reading Level: 8.5

National Registry: OB1

Provider Level: EMT  
Educational Standard: SP1

Bloom Level: Knowledge Cut Score: 0.60  
Objective: 4-9-5

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

Nuchal cord exists when the umbilical cord is wrapped around the infant's neck. The other situations are abnormal delivery presentations of the fetus.

31. Reading Level: 11.2

Provider Level: EMT  
Educational Standard: PA6

Bloom Level: Knowledge Cut Score: 0.90  
Objective: 1-5-22

- A: Pulse comparison.
- B: Pulse pressure analysis.
- C: Palpated blood pressure.**
- D: Doppler-obtained blood pressure.

The palpated blood pressure assessment will at least provide a systolic pressure. The pulse comparison and pulse pressure analysis provide information but do not provide an actual pressure that can be quantified for a report. Using a Doppler is most beneficial when the pulse is faint in a noisy environment this will probably just increase the noise level.

32. Reading Level: 8.6

National Registry: AB3

Provider Level: EMT  
Educational Standard: ST2

Bloom Level: Comprehension Cut Score: 0.60  
Objective: 3-3-5

- 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.

33. Reading Level: 5.4

National Registry: ME19

Provider Level: EMT  
Educational Standard: MT15

Bloom Level: Comprehension Cut Score: 0.60

- A: Patient is losing consciousness.
- B: Patient may be suffering a stroke.
- C: Throat is too swollen for swallowing.**
- D: There are some problems with dentures.

Throat is too swollen for swallowing. This may be due to allergic response or infection. The size of the tongue should be evaluated but with very cautious visualization as not to induce laryngospasm. Drooling is not typically related to altered mental status until the patient has lost consciousness. Drooling may be related to facial paralysis during a stroke but SOB is rare. A problem with dentures could cause drooling but not SOB.

34. Reading Level: 7.5

National Registry: ME6

Provider Level: EMT  
Educational Standard: MT4

Bloom Level: Application Cut Score: 0.60  
Objective: 4-5-1

- 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.

35. Reading Level: 6.2 Provider Level: EMT Bloom Level: Application Cut Score: 0.60

National Registry: OB13 Educational Standard: MT15

- A: Suggest the parents call the child's surgeon in the morning.
- B: Monitor the child and request an emergency response from ALS.
- C: Finish the primary assessment, lay the child supine, and administer oxygen.

**D: Finish assessing the child and recommend transporting him to the emergency department.**

Finishing the primary assessment to assure that the child is stable is very important. The presence of coffee-ground emesis is most likely a result of bleeding earlier from the surgery and, if isolated, not an emergency. If, however, the vomiting continues, the pain, discomfort, and potential for damage to the sutures would suggest that transportation to the emergency department would be the most appropriate. An emergent response from ALS is not needed at this time, given there is no current distress, and would only serve to frighten the parents.

36. Reading Level: 7.6 Provider Level: EMT Bloom Level: Knowledge Cut Score: 0.60

National Registry: OB11 Educational Standard: SP3 Objective: 6-1-13

- 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.

37. Reading Level: 6.4 Provider Level: EMT Bloom Level: Application Cut Score: 0.90

National Registry: TR14 Educational Standard: MT14 Objective: 5-3-4

**A: A hip fracture.**

- B: A tibia fracture.
- C: A sprained ankle.
- D: A fibula fracture.

When patients hear a sound like a bone snapping, it is most likely a fracture caused by bone density changes. The hip is one of the most common bones to do this. The lateral rotation is a very good sign of this fracture.

38. Reading Level: 11.9 Provider Level: EMT Bloom Level: Comprehension Cut Score: 0.45

National Registry: OB9 Educational Standard: SP3 Objective: 4-2-9

- A: Nasal suctioning.
- B: Inserting oral pharyngeal airways.
- C: Providing high concentrations of oxygen.

**D: Using flow-restricted, oxygen-powered ventilatory devices.**

Flow-restricted, oxygen-powered ventilation devices are contraindicated in infants as they will result in over-inflation of the lungs.

39. Reading Level: 5.6 Provider Level: EMT Bloom Level: Analysis Cut Score: 0.45

National Registry: TR11 Educational Standard: ST4 Objective: 5-2-8

- A: Measuring his pulse oximetry to determine the seriousness.
  - B: Applying a bulky gauze-type dressing to the wound.
  - C: Applying direct pressure above the puncture wound.
- D: Applying an airtight dressing to the injury site.**

Open wounds to the thorax (chest) require application of an occlusive dressing to prevent air entering in the cavity. The other options will not benefit this patient.

40. Reading Level: 10.7 Provider Level: EMT Bloom Level: Comprehension Cut Score: 0.60

Educational Standard: PR8 Objective: 1-4-2

**A: Remove waste products.**

- B: Maintain blood pressure.
- C: Maintain body temperature.
- D: Circulate oxygen to the cells.

The primary function of the respiratory system is to remove waste such as carbon dioxide from the body and to bring in oxygen. The circulatory systems brings (circulates) the oxygen to the cells and removes the waste products from the cells.

41. Reading Level: 8.8 Provider Level: EMT Bloom Level: Comprehension Cut Score: 0.60

National Registry: TR6 Educational Standard: ST7 Objective: 5-2-5

- A: Elevate the leg 6-12 inches immediately.
  - B: Apply a sterile dressing to the site.
- C: Splint the limb to reduce damage.**
- D: Start emergency mode transport.

You should suspect a fracture or hematoma is forming. This finding should prompt you to splint the injury to reduce the likelihood of it worsening.

**42.** Reading Level: 12.0                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.60  
National Registry: OP38    Educational Standard: PR1                      Objective: 4-3-39

- A: To reprimand providers who are improperly using the AED.
- B: To decrease the need for AED usage through prevention.
- C: To determine if the use of an AED is beneficial.
- D: To improve the timeliness of shock delivery.**

The only goal of CQI/QA is to improve the outcomes of patients in an EMS system, so improving the timeliness of shock delivery is the only positive outcome listed. It should not attempt to prove effectiveness of an AED, as this has already been done. QI should not be used to reprimand providers.

**43.** Reading Level: 10.7                      Provider Level: EMT                      Bloom Level: Knowledge Cut Score: 0.90  
National Registry: ME4    Educational Standard: MT6

- A: Blindness.**
- B: Cancer.
- C: Deafness.
- D: Alcoholism.

The leading cause of blindness in the U.S. is diabetes. Uncontrolled blood glucose damages the blood vessels in the eye. Other medical conditions such as skin disorders, joint and bone problems, renal issues, and many other conditions can also occur..

**44.** Reading Level: 10.6                      Provider Level: EMT                      Bloom Level: Knowledge Cut Score: 0.36  
Educational Standard: PR8                      Objective: 1-5-21

- A: Preload.
- B: Left ventricular pumping.
- C: Pulmonary artery pressure.
- D: Systemic vascular resistance.**

Systemic vascular resistance is affected by the constriction or dilation of blood vessels. The greater the resistance, the greater the pressure during diastole.

**45.** Reading Level: 7.8                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.45  
National Registry: ME2    Educational Standard: MT2                      Objective: 4-4-6

- A: "The child had a temperature of 104 prior to the seizure."
- B: "The child urinated and defecated himself during the seizure."
- C: "He has stopped and started seizing three times in a row now."**
- D: "He has not been taking his seizure medication like he is supposed to."

The stopping and starting of the seizure three times in a row indicates status epilepticus, which is a serious medical emergency.

**46.** Reading Level: 13.9                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.60  
National Registry: CA3    Educational Standard: ST1

- A: 15:2
- B: 30:2
- C: At least 40%
- D: At least 60%**

According to the 2015 Guidelines, the compression fraction (proportion of time on compressions) is at least 60%.

**47.** Reading Level: 7.3                      Provider Level: EMT                      Bloom Level: Application Cut Score: 0.60  
National Registry: OP36    Educational Standard: PR3                      Objective: 1-6-7

- A: Consider twisting rather than standing.
- B: Avoid locking your back into position.
- C: Grab onto an overhead railing whenever possible.**
- D: Stop the vehicle and then remove your seatbelt.

When reaching in the back of an ambulance, you should avoid bending unnecessarily. Grabbing onto the overhead railing above you will help reduce the stress on your spine. Locking your back and preventing any twisting motions should be exercised whenever you are lifting.

**48.** Reading Level: 7.0                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.90  
National Registry: TR11    Educational Standard: ST4                      Objective: 5-2-8

- A: Cover the hole.**
- B: Administer oxygen.
- C: Call for assistance to the scene.
- D: Point out the hole to other personnel.

When EMS personnel discover a hole in a patient's chest, the hole must be covered immediately. Using a gloved hand will work until an occlusive dressing can be found.

49. Reading Level: 9.2                      Provider Level: EMT                      Bloom Level: Application Cut Score: 0.60  
National Registry: ME1      Educational Standard: MT2

- A: Increasing the heat in the ambulance.
- B: Offering the patient warm water to drink.
- C: Turning the lights down low in the patient area.**
- D: Decreasing the temperature in the patient compartment.

Turning the lights down low is helpful as most patients with headache are also photosensitive. Making the temperature too hot or too cold is very uncomfortable. The patient should not be offered anything to eat or drink as often nausea accompanies a headache.

50. Reading Level: 7.6                      Provider Level: EMT                      Bloom Level: Application Cut Score: 0.60  
National Registry: ME13      Educational Standard: MT11      Objective: 5-1-3

- A: Too much oxygen.
- B: Clotting disorder.**
- C: Hypertension.
- D: Hypotension.

Most bleeding wounds can be controlled with direct pressure for ten minutes. When it takes more time, you should question if the patient has a clotting disorder or takes a blood thinner. Other measures to control bleeding must be started in this situation.

51. Reading Level: 10.2                      Provider Level: EMT                      Bloom Level: Application Cut Score: 0.60  
National Registry: ME25      Educational Standard: SP4

- A: Pushing her father down the stairs or out of the bed every time she gets frustrated with him.
- B: Threatening to take her father away from the home if he doesn't follow her instructions.**
- C: Routinely restraining her father to his bed and wheelchair without regard for his safety.
- D: Stealing and misusing her father's money without proper permission from her father.

Threats or verbal statements that inflict fear are considered psychological abuse. The other examples are physical and financial abuse.

52. Reading Level: 9.9                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.45  
National Registry: TR14      Educational Standard: ST6

- A: Infection.
- B: Muscle spasms.
- C: Hemorrhagic shock.
- D: Compartment syndrome.**

As the bone end has protruded through the skin, it has likely cut the fascia surrounding the muscle so compartment syndrome is less likely to occur. Infection and hemorrhagic shock are more likely in this

53. Reading Level: 10.3                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.45  
National Registry: TR1      Educational Standard: ST3

- A: Tough, non-elastic blood vessels.
- B: Medications such as beta-blockers.**
- C: No stored energy to speed up the heart.
- D: The body does not sense the loss of blood.

Beta-blockers and other hypertensive medications may prevent the heart from speeding up or beating harder, which is necessary to compensate for blood or fluid loss. Their blood vessels and heart do have some changes present that may reduce their ability to compensate, but this varies per individual. Their body will typically sense the blood loss just as well as that of any other patient population.

54. Reading Level: 9.8                      Provider Level: EMT                      Bloom Level: Application Cut Score: 0.36  
National Registry: TR14      Educational Standard: ST6      Objective: 5-1-6

- A: 1 liter.
- B: 2 liters.
- C: 3 liters.**
- D: 4 liters.

Each femur can lose 1 liter (2 units) of blood and each lower leg can lose 500 mL (1 unit), which would bring the total loss to 3 liters (6 units).

55. Reading Level: 9.7                      Provider Level: EMT                      Bloom Level: Application Cut Score: 0.60  
National Registry: CA1      Educational Standard: MT12

- A: Assess the patient, apply 4 lpm oxygen, and ask the nurse if she administered nitro.
- B: Begin ventilations and perform an assessment being very careful to avoid any ports.
- C: Assess the patient, avoid taking a blood pressure on the arm with the shunt, and provide high flow oxygen.
- D: Assess the patient, determine if the patient has equal blood pressures in each arm, and provide supplemental oxygen.

The dialysis patient is the same as any other emergency patient except you should take a BP on the arm opposite of the shunt. They need assessment, oxygen, and prepared for transport

56. Reading Level: 6.8

Provider Level: EMT  
Educational Standard: PR1

Bloom Level: Knowledge Cut Score: 0.90  
Objective: 1-1-9

**A: Calling 911 on a land line.**

- B: Calling the dispatcher directly.
- C: Calling the ambulance company directly.
- D: Calling the 7-digit number for the police.

Calling 911 is the best method of accessing the EMS system. The other methods described may delay the sending of the appropriate resources and many 911 centers are staffed with emergency medical dispatchers. If the system has enhanced 911, they will also be able to identify the location of the call.

57. Reading Level: 7.7

National Registry: AB1

Provider Level: EMT  
Educational Standard: AM3

Bloom Level: Application Cut Score: 0.60  
Objective: 2-1-2

- A: Once every 2 seconds.
- B: Once every 3 seconds.
- C: Once every 4 seconds.
- D: Once every 5 seconds.**

The 2015 AHA Guidelines state that rescue ventilations should be performed once every 5 to 6 seconds for the adult patient. (Please see pg. 1 of the AHA 2015 Handbook of Emergency Cardiovascular Care for Healthcare Providers.)

58. Reading Level: 10.3

National Registry: ME4

Provider Level: EMT  
Educational Standard: MT6

Bloom Level: Knowledge Cut Score: 0.60

- A: Obesity plays a role in development of the disease.
- B: It can usually be treated with a modification in diet.
- C: It is more common than Type II diabetes.
- D: It typically has a juvenile onset.**

Type I diabetes almost always requires the patient be placed on insulin. Type II diabetes is actually far more common, occurring in approximately 90% of all diabetics.

59. Reading Level: 5.6

National Registry: ME7

Provider Level: EMT  
Educational Standard: MT4

Bloom Level: Analysis Cut Score: 0.90

- A: Stroke.
- B: Bee sting.
- C: Food allergy.**
- D: Food poisoning.

Any swelling of the mouth or airway is a sign of potential allergic reaction. If the patient was eating at the time of onset, it most likely is related to food. Other causes for the allergic reaction should be investigated during follow-up physician care.

60. Reading Level: 7.0

Provider Level: EMT  
Educational Standard: PR1

Bloom Level: Comprehension Cut Score: 0.60

- A: Read your textbook.
- B: Attend EMS conferences.**
- C: Read your local newspapers.
- D: Watch the news on television.

Attending EMS local, state, and national conferences would be the best way to stay up on EMS issues and trends. Your textbook gives a foundation of knowledge but is often out of date regarding trends by the time of publication.

61. Reading Level: 9.2

National Registry: CA5

Provider Level: EMT  
Educational Standard: MT8

Bloom Level: Comprehension Cut Score: 0.45  
Objective: 4-3-9

- A: Red.
- B: Pale.
- C: Mottled.**
- D: Cyanotic.

Mottled would be the skin finding most closely associated with cardiac compromise. Red is typically associated with a hypertensive crisis or heat conditions. Pale is associated with blood loss and cyanosis (blue) is associated with respiratory compromise.

62. Reading Level: 9.6

National Registry: ME7

Provider Level: EMT  
Educational Standard: MT4

Bloom Level: Analysis Cut Score: 0.45

- A: Urticaria.
- B: Wheezing.
- C: Increase in gastric motility.
- D: Decrease in blood pressure.**

Initially the heart rate and blood pressure will increase. When a sufficient number of vessels vasodilate, you will then see a fall in blood pressure and reflex tachycardia. This is then followed by a bradycardia, which is a very late sign. The other three choices listed happen earlier in the anaphylaxis evolution.



**70.** Reading Level: 10.4                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.90  
National Registry: OP4      Educational Standard: PA1                      Objective: 1-1-3

A: Your injury could cause your career to end.

B: You cannot help others if you become a patient.

**C: Injury to EMS personnel is one of the greatest detractors to recruitment and retention.**

D: Injury to EMS personnel is a violation of OSHA guidelines and carries significant penalties.

If you become injured, you then become a patient, which means you can no longer render care for your current patient.

**71.** Reading Level: 6.8                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.60  
National Registry: OB3      Educational Standard: SP1                      Objective: 4-9-8

A: Immediately transport the mother.

B: Cut the sac open with your scalpel.

**C: Use your fingers to puncture the sac.**

D: Continue with the delivery, as this is normal.

You should first attempt to puncture the sac with your fingers. If this fails, carefully using your scalpel would be your next option.

**72.** Reading Level: 6.2                      Provider Level: EMT                      Bloom Level: Knowledge Cut Score: 0.60  
National Registry: CA7      Educational Standard: MT2                      Objective: 4-4-6

**A: The patient cannot speak.**

B: The patient cannot swallow.

C: The patient is weak on one side.

D: The patient cannot feel one side.

In aphasia the patient cannot speak. Paresis is weakness. Paresthesia is numbness. Dysphasia is difficulty in speaking. Aphagia is the inability to swallow.

**73.** Reading Level: 8.5                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.90  
Educational Standard: PR8                      Objective: 1-4-1

A: Dorsal.

B: Prone.

C: Recumbent.

**D: Supine.**

When a person is on her back, she is in a supine position. Prone is on the stomach and recumbent is on the side. Dorsal deals with the surface of the back and not the position of the patient.

**74.** Reading Level: 8.3                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.45  
National Registry: CA3      Educational Standard: MT8                      Objective: 4-3-5

**A: Early defibrillation.**

B: Early access.

C: Early CPR.

D: ALS.

The EMT can most effectively change the outcome of a major cardiac event by providing early defibrillation. Early access and early CPR are usually out of the hands of the EMT.

**75.** Reading Level: 6.1                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.60  
National Registry: OB13      Educational Standard: MT15                      Objective: 5-2-7

A: Lay the child down to prevent shock.

**B: Hold pressure on both sides of the nose.**

C: Continue with the ice bag under the nose.

D: Place them on the side so blood is not swallowed.

The correct treatment is to hold pressure on both sides of the nose, just at the base of the bony bridge. The child should be kept sitting up, slightly leaning forward so the blood does not go backwards down the throat.

**76.** Reading Level: 8.6                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.45  
National Registry: CA3      Educational Standard: ST1                      Objective: 4-3-25

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.

77. Reading Level: 12.0

Provider Level: EMT

Bloom Level: Analysis Cut Score: 0.45

National Registry: TR4

Educational Standard: ST3

A: Elevation of the injured extremity.

**B: Direct pressure applied to the laceration.**

C: Application of a tourniquet proximal to the injury.

D: Application of pressure to the proximal pressure point.

Direct pressure should be your first choice for controlling bleeding as it is the most likely to be successful with the least amount of associated complications. Elevation would be of little benefit without direct pressure and the tourniquet has major associated complications and should only be used after direct pressure has failed.

78. Reading Level: 10.9

Provider Level: EMT

Bloom Level: Application Cut Score: 0.60

Educational Standard: PR1

Objective: 1-1-8

A: Resourceful.

B: A self-starter.

C: Emotionally stable.

**D: Non-judgmental and fair.**

Your partner appeared to have been judgmental. Other attitudes violated would be acting pleasant and respectful to others.

79. Reading Level: 7.8

Provider Level: EMT

Bloom Level: Analysis Cut Score: 0.90

National Registry: ME11

Educational Standard: MT9

A: Excitement, dilated pupils, and rapid heart rate.

B: Tachypnea, dilated pupils, and excessive salivation.

C: Depressed respirations, constricted pupils, and excited speech pattern.

**D: Depressed respirations, lowered level of consciousness, and constricted pupils.**

Heroin is a narcotic, so you should expect to find depressed respirations, diminished level of consciousness, and constricted pupils.

80. Reading Level: 6.7

Provider Level: EMT

Bloom Level: Knowledge Cut Score: 0.45

National Registry: ME16

Educational Standard: ST11

**A: Reach, throw, row, and go.**

B: Throw, reach, row, and go.

C: Go, throw, reach, and row.

D: Row, throw, reach, and go.

The order should be reach, throw, row, and then go.

81. Reading Level: 8.2

Provider Level: EMT

Bloom Level: Comprehension Cut Score: 0.60

Educational Standard: PR7

Objective: 1-3-7

A: Duty to act.

B: The patient received an injury.

C: Your actions led to an injury.

**D: Failure to meet the standard of care.**

Performing a treatment incorrectly would be a breach of duty by failing to follow the standard of care. The question does not provide you with information regarding the other three aspects of a negligence case. You can assume you had a duty to act; however, there is no indication that the patient was injured by your actions.

82. Reading Level: 7.0

Provider Level: EMT

Bloom Level: Analysis Cut Score: 0.45

National Registry: OB1

Educational Standard: SP1

Objective: 4-9-5

A: Administer high-flow oxygen.

**B: Tilt the board onto the patient's left side.**

C: Place an oral airway and begin ventilating.

D: Place the patient in a Trendelenburg position.

The patient is showing signs of supine hypotension disorder and needs to be immediately tilted to the left to take pressure off of the vena cava.

83. Reading Level: 6.4

Provider Level: EMT

Bloom Level: Application Cut Score: 0.45

National Registry: AB1

Educational Standard: MT10

Objective: 1-5-4

A: Average chest wall movement.

B: Slight chest-abdominal wall expansion.

C: Increased wheezing or grunting.

**D: Increased use of accessory muscles.**

Increased use of accessory muscles is a common finding for patients with labored breathing. Increased wheezing or grunting would be signs of dyspnea, which may accompany labored breathing.

**84.** Reading Level: 9.3                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.90  
National Registry: OP4      Educational Standard: PA1                      Objective: 3-1-2

- A: Sounds of a couple fighting next door.
- B: Patient lying next to shards of broken glass.
- C: Witnesses yelling at you, "Hurry up, he's dying!"
- D: An odor smelling like mixed cleaning solutions.**

The smell of chemicals could indicate a lethal condition. The other situations could be considered dangerous but are not imminent threats.

**85.** Reading Level: 11.7                      Provider Level: EMT                      Bloom Level: Application Cut Score: 0.60  
Educational Standard: SP4

- A: Geriatric patients require you to differentiate chronic problems from acute concerns.**
- B: Older patients may require a more authoritative tone to follow your instructions.
- C: Younger patients will respond more favorably to kindness than older patients.
- D: Assessing a younger patient is always easier than assessing an older patient.

Geriatric patients will more likely have chronic health issues that either complicate an assessment or make it difficult to determine what the acute concern is. Geriatric (older) patients do not require an authoritative tone during communications. This is a common misconception of rescuers. They believe they need to command authority with older patients.

**86.** Reading Level: 10.5                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.36  
National Registry: OP38      Educational Standard: PR1                      Objective: 4-3-38

- 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.

**87.** Reading Level: 12.0                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.60  
National Registry: OP30      Educational Standard: PR5                      Objective: 3-7-5

- A: Speaking as quickly as possible.
- B: Using abbreviations and codes.
- C: Being genuine, sincere, and honest.**
- D: Using medical terminology frequently.

Being genuine, sincere, and honest will increase your effectiveness and efficiency in verbal communication as all parties concerned will be more likely to communicate openly with you.

**88.** Reading Level: 9.1                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.90  
National Registry: OP4      Educational Standard: PA1                      Objective: 3-1-7

- 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.

**89.** Reading Level: 9.9                      Provider Level: EMT                      Bloom Level: Analysis Cut Score: 0.60  
National Registry: ME15      Educational Standard: ST11

- A: Heat cramps secondary to a loss of fluids.
- B: Heat exhaustion secondary to a loss of fluids.
- C: Heat cramps secondary to an electrolyte imbalance.**
- D: Heat exhaustion secondary to an electrolyte imbalance.

The muscle cramping is due to an electrolyte imbalance, which causes heat cramps. The loss of fluid may cause an electrolyte imbalance resulting in heat cramps, exhaustion, or stroke

**90.** Reading Level: 9.1                      Provider Level: EMT                      Bloom Level: Comprehension Cut Score: 0.60  
National Registry: AB3      Educational Standard: AM1                      Objective: 2-1-18

- A: Measurement prior to insertion is optional.
- B: Lubricate the NPA with a water-based lubricant.**
- C: It is only inserted into the right nostril.
- D: Leave in place if the patient begins gagging.

Nasal airways may be inserted into either nostril. The right nostril is often larger but the left nostril is also an acceptable option with alteration of insertion technique.



98. Reading Level: 3.7

Provider Level: EMT  
Educational Standard: AM2

Bloom Level: Knowledge Cut Score: 0.60  
Objective: 2-1-19

- A: When the tank is empty.
- B: After every patient usage.
- C: When the pressure drops to 50 psi.
- D: When the pressure drops to 200 psi.**

The safe residual in an oxygen tank is 200 pounds per square inch (psi) and the tank should be changed when the pressure falls to this level. Allowing the tank to fall below this level increases the likelihood that foreign material can enter the tank. A tank does not need to be changed after every patient encounter.

99. Reading Level: 7.5

National Registry: ME8

Provider Level: EMT  
Educational Standard: MT3

Bloom Level: Knowledge Cut Score: 0.45

- A: The walls of solid organs.
- B: The walls of hollow organs.**
- C: Autonomic nerve fibers.
- D: Organs that are bleeding.

Visceral pain is also dull in nature and more generalized.

100. Reading Level: 11.0

National Registry: OP2

Provider Level: EMT  
Educational Standard: PR3

Bloom Level: Analysis Cut Score: 0.60  
Objective: 1-2-10

- A: Mask.**
- B: Gown.
- C: Foot protection.
- D: Eye protection.

Though gloves are typically worn, a mask is the best protection for airborne pathogens. The other items are not as beneficial.