

NAME _____

DATE _____

ALAMEDA COUNTY 2018 PROTOCOL UPDATE TEST

1. The Domestic Violence Lethality Screening Tool can usually be feasibly utilized on suspected DV patients who are transported to a hospital.
 - a. True
 - b. False

2. Which of the following is **not** considered a reversible cause of cardiac arrest?
 - a. Hypovolemia
 - b. Tension Pneumothorax
 - c. Hypo/Hyperkalemia
 - d. Hypoglycemia

3. Which of the following procedures are EMT's **not** allowed to perform?
 - a. Glucose testing
 - b. Administration of Epinephrine via Auto injector
 - c. Pulse Oximetry
 - d. Endotracheal Intubation
 - e. Administration of Naloxone

4. Which of the following medications should be administered to manage serious signs/symptoms of Hyperkalemia?
 - a. Albuterol
 - b. Fentanyl
 - c. Epinephrine
 - d. Diphenhydramine

5. What is the most common form of shock?
 - a. Distributive
 - b. Hypovolemic
 - c. Obstructive
 - d. Cardiogenic

6. In indicated patients with shock, what is the appropriate Epinephrine administration procedure?
 - a. 0.01 mg/ml, 5- 10ug slow IVP
 - b. 0.1 mg/ml, 5ug slow IVP
 - c. 0.01 mg/ml, 5ug slow IVP
 - d. Epinephrine drip 5ug/min

7. What is the appropriate acronym for treating patients with shock? (Fill in the blank)
 - a. **V** _____ **I** _____ **P** _____

8. Which of the following patient presentations may be an indication for “Push Dose Epinephrine”? (circle all that apply)
 - a. Symptomatic Bradycardia unresponsive to TCP and Atropine
 - b. Cardiogenic Shock
 - c. In ROSC when BP < 90
 - d. Anaphylaxis

9. Which of the following methods is preferred for routine clearing of a full term, vigorous healthy neonate airway?
 - a. A French- 6 suction cathedar using a low vacuum setting
 - b. A Bulb syringe
 - c. Any low vacuum suction method is appropriate
 - d. A towel to gently wipe the nose and mouth

10. How quickly do medications reach the heart when administered via a Proximal Humerus IO?
 - a. 1 minute
 - b. 30 seconds
 - c. 3 seconds
 - d. 3 minutes

11. Which of the following is **not** a contraindication for placement of IO access?
 - a. Recent Fracture at/or proximal to the target site
 - b. Unable to obtain IV access
 - c. Infection at the target site
 - d. Excessive tissue (severe obesity) and/or absence of adequate anatomical landmarks

12. What is anatomical location for placement of an IO needle?
 - a. Proximal tibial tuberosity
 - b. The greater tubercle of the proximal humerus
 - c. Lateral Malleous
 - d. Distal phalanges

13. When inserting an IO in the proximal humerus, what is(are) the ideal hand/arm position(s) ? (circle all that apply)
 - a. Hand/arm behind the head
 - b. With the elbow against the body, rotate the hand medially until the palm faces outward, thumb pointing down
 - c. With the elbow against the body, rotate the hand laterally until the palm faces upward, thumb pointing outward
 - d. Place the patient’s hand over the abdomen (elbow adducted and humerus internally rotated)

14. When selecting and placing an IO in the proximal humerus in an adult, what number is helpful to remember?
 - a. 45
 - b. 90
 - c. 30
 - d. 60