

EMT Refresher Practice Exam

Step 1:

Take the test. Don't use any resources during the test. Rely solely on your own knowledge to answer the questions. Here are a few tips:

- Read each question carefully.
- Try to predict the correct answer before reading the answer choices when possible.
- Read all answer choices before making your selection.
- When stuck between two options, reread the question and search for key information. When in doubt, treat.
- Don't be distracted by "what if" possibilities not included in the question.

Step 2:

Grade the test. If you don't score at least 80%, you are NOT READY for the EMT refresher challenge (EMT200aa) class. You should take the EMT200 refresher class or contact the EMT Dept. for advisement at chris.coughlin@gcmail.maricopa.edu.

Step 3:

The answer key will provide a rationale for each question and identify each question's key topic(s). Use this information to determine which topics you did well on and which topics may need more work. Look for a high percentage of missed questions in each category.

Step 4:

If you need additional help or have questions, contact the EMS program director at:

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1. The primary assessment of an adult with chest pain includes:
 - a. Identifying the specific cause of the patient's pain.
 - b. Ensuring the scene is safe.
 - c. Determine the transport priority.
 - d. Reassessing vital signs.
2. You are caring for a six-year-old patient with respiratory distress. The pulse oximeter (SaO₂) reads 93%. Your management of the patient should include:
 - a. Withhold oxygen until the patient develops accessory muscle use.
 - b. Contacting the patient's pediatrician prior to transport.
 - c. Administering a metered dose inhaler if prescribed to a parent or sibling.
 - d. Administer sufficient oxygen to maintain a pulse oximeter reading of at least 94%.
3. Which of the following interventions should be performed first for an unresponsive patient with a suspected spinal cord injury?
 - a. Head-tilt, chin-lift.
 - b. Jaw thrust maneuver.
 - c. Oropharyngeal airway.
 - d. Nasopharyngeal airway.

4. You are caring for a 22-year-old female who complains of respiratory distress after exercising. She is alert, speaking full sentences, and has a persistent cough. She is most likely experiencing:
 - a. Respiratory distress with adequate breathing.
 - b. Respiratory distress with inadequate breathing.
 - c. Respiratory paralysis.
 - d. Respiratory arrest.

5. Your 5-year-old patient is unresponsive. A carotid pulse is present at 40 beats per minute. Breaths are shallow at six per minute. You should immediately:
 - a. Apply a nonrebreather mask.
 - b. Begin artificial ventilations.
 - c. Place the patient in the recovery position.
 - d. Begin chest compressions.

6. Which of the following medications is intended to decrease myocardial workload and increase myocardial blood flow?
 - a. Nitroglycerin
 - b. Activated charcoal
 - c. Aspirin
 - d. Epinephrine

7. You are caring for a multi-system trauma patient with possible internal bleeding. Select the correct statement about the rapid scan for a multi-system trauma patient:
 - a. The rapid scan is used to identify all injuries.
 - b. The rapid scan is used to identify life-threatening conditions.
 - c. The rapid scan is another term for the secondary exam.
 - d. The rapid scan is not required on conscious patients.

8. Life-threatening bleeding should be found and treated during the:
 - a. Primary assessment.
 - b. Scene size up.
 - c. Secondary assessment.
 - d. Patient history.

9. Your patient is unresponsive following blunt trauma to the head. Which of the following is the EMT's first priority for an unresponsive patient?
 - a. Assess respiratory rate.
 - b. Open the airway.
 - c. Perform a SAMPLE history.
 - d. Determine if CPR is indicated.

10. You are called for a drowning victim at a family barbecue. Upon arrival, two family members approach you yelling, swearing, and demanding to know what took so long. One of the family members pushes you. You should:
 - A. retreat and request immediate assistance from law enforcement.
 - B. explain to the family where you responded from and why you were delayed.
 - C. order the family members to back off and take you to the patient.
 - D. tell the family that assaulting an EMS provider is a felony.

11. Your 6-year-old patient jumped from a swing and injured his right leg. You note deformity to the right leg above the ankle. The patient most likely has a fracture to the:
- A. proximal radius.
 - B. distal ulna.
 - C. proximal fibula.
 - D. distal tibia.
12. The foramen magnum:
- A. connects the forearm to the humerus.
 - B. is an opening at the base of the skull.
 - C. attaches the patella to the knee joint.
 - D. allows lateral movement of the head.
13. Which of the following is the most frequent cause of airway obstruction?
- A. fluid.
 - B. toys.
 - C. vomit.
 - D. the tongue.
14. Continuous positive airway pressure (CPAP) can reduce respiratory distress by:
- A. helping to keep the alveoli open.
 - B. stimulating sleep apnea.
 - C. relieving foreign body airway obstruction.
 - D. increasing the need for intubation.
15. Which of the following is true during inhalation of a spontaneously breathing patient?
- A. There is a drop in pressure within the thorax.
 - B. There is an increase in pressure within the thorax.
 - C. Air is being pushed into the lungs.
 - D. The diaphragm and intercostal muscles are relaxed.
16. Carbon monoxide exposure is dangerous because it:
- A. collapses red blood cells.
 - B. causes pulmonary edema.
 - C. stimulates bronchial constriction.
 - D. reduces delivery of oxygen.
17. You are called for a 6-month-old infant with respiratory distress. Which of the following is true about patients in this age group?
- A. infants are obligate nose breathers.
 - B. infants require forceful ventilations with the BVM.
 - C. infants are more resistant to hypoxia than adults.
 - D. infants rarely develop bradycardia due to hypoxia.
18. Which of the following signs of hypoxia is more commonly found in pediatric patients?
- A. seesaw respirations
 - B. cyanosis
 - C. tachypnea
 - D. altered level of consciousness

19. You are treating a patient with respiratory distress. He has a history of multiple myocardial infarctions. Lung sounds indicate pulmonary edema. You note the patient does NOT have any JVD or pedal edema. The patient is most likely experiencing:
- A. angina.
 - B. left heart failure.
 - C. right heart failure.
 - D. asthma.
20. The left side of the heart receives oxygenated blood from the:
- A. pulmonary arteries.
 - B. pulmonary veins.
 - C. superior venae cavae.
 - D. inferior venae cavae.
21. Which of the following provides oxygenated blood directly to the heart?
- A. cerebral arteries.
 - B. carotid arteries.
 - C. coronary arteries.
 - D. femoral arteries.
22. Which of the following vessels carries deoxygenated blood?
- A. aorta.
 - B. renal artery.
 - C. pulmonary veins.
 - D. pulmonary arteries.
23. Your patient has been exposed to a chemical that over-stimulates the parasympathetic nervous system. You would expect this patient to exhibit:
- A. dilated pupils.
 - B. dry mouth.
 - C. hypertension.
 - D. vomiting.
24. You are considering administration of oral glucose to your diabetic patient. This drug is contraindicated when it:
- A. is not prescribed to the patient.
 - B. poses a significant risk of harm.
 - C. produces undesired effects.
 - D. is likely to relieve the patient's symptoms.
25. Which of the following describes the purpose of administering aspirin to a suspected myocardial infarction patient?
- A. Aspirin dilates the coronary arteries.
 - B. Aspirin will eliminate cardiac related chest pain.
 - C. Aspirin reduces platelet aggregation in the coronary arteries.
 - D. Aspirin reduces the risk of metabolic acidosis.
26. You are dispatched to a soccer game for a 12-year-old female with signs and symptoms of an allergic reaction. Upon arrival, the patient's mother hands you an epinephrine auto-injector. You should:
- A. direct the mother to administer the epi-pen.
 - B. administer the epi-pen.
 - C. begin the primary assessment.
 - D. contact the physician that prescribed the epi-pen.

27. You are dispatched for a possible CVA. Upon arrival, you determine the patient is responsive to painful stimuli. Which of the following should be assessed first for this patient?
- A. airway.
 - B. blood pressure.
 - C. pulses.
 - D. skin.
28. You are caring for a patient who was ejected during a single vehicle rollover. The patient responds incoherently to verbal commands. You should first:
- A. perform a secondary assessment.
 - B. determine the pulse rate.
 - C. assess the patient's airway.
 - D. log roll the patient onto a spine board.
29. How should you open the airway of an unresponsive patient with an unknown mechanism of injury?
- A. log roll technique
 - B. jaw-thrust maneuver
 - C. head tilt–chin lift
 - D. tongue-jaw lift
30. Your patient is a construction worker who fell from a residential rooftop. He is responsive to pain. Breaths are shallow and irregular. You should:
- A. provide artificial ventilations with a bag-mask device and high flow oxygen.
 - B. obtain an SaO₂ reading before determining if oxygen is necessary.
 - C. apply a nonrebreather mask with high flow oxygen.
 - D. apply a nasal cannula and reassess the patient.
31. Your pediatric patient has spontaneous respirations. This means the patient is breathing:
- A. at a normal rate.
 - B. with adequate tidal volume.
 - C. without difficulty.
 - D. without assistance.
32. A nonrebreather mask should be administered to patients who:
- A. have slow, shallow respirations.
 - B. have a reduced tidal volume.
 - C. are breathing inadequately.
 - D. are breathing adequately with signs of hypoxia.
33. You are dispatched to the local jail for a prisoner found unresponsive in her cell. Her airway is clear. Respirations are rapid and shallow. The pulse oximeter (SaO₂) reads 90%. Your first action should be to:
- A. check the blood glucose level.
 - B. initiate immediate transport.
 - C. begin positive pressure ventilations.
 - D. assess the blood pressure.

34. Which of the following findings indicates partial obstruction of the upper airway?
- A. rales.
 - B. stridor.
 - C. rhonchi.
 - D. wheezes.
35. To determine if CPR is indicated for an unresponsive patient less than one year of age, you should assess the:
- A. radial pulse.
 - B. carotid pulse.
 - C. brachial pulse.
 - D. femoral pulse.
36. You respond to a preschool facility for an ill child. Upon arrival, you find an unresponsive 8-month-old. The infant has a palpable pulse of 50 beats per minute. Your next action should be to:
- A. open the airway and assess breathing.
 - B. begin chest compressions.
 - C. immediately transport the child.
 - D. attach the AED.
37. A 19-year-old female is found unconscious in her apartment living room. While surveying the apartment, your partner yells from the patient's bedroom "she has an SVN machine in here". This suggests the patient has a history of:
- A. respiratory problems.
 - B. heart disease.
 - C. drug abuse.
 - D. sleep apnea.
38. You are treating a 35-year-old man who was stung by a bee. He is allergic to bees and has a prescribed epinephrine auto-injector. His breath sounds are clear and non-labored. His BP is 130/82. How should you manage this patient?
- A. Administer the epinephrine and transport rapidly.
 - B. Begin immediate transport and administer the epinephrine en route.
 - C. Assess the patient for signs of hypoxia, administer oxygen as needed, and transport.
 - D. Let medical control know your anaphylactic patient needs his epinephrine.
39. An elderly patient reportedly collapsed on a golf course almost 10 minutes ago. You assess her level of consciousness and determine she is unresponsive. Which of the following should you do first:
- A. open the airway and insert an OPA.
 - B. assess pulse and begin CPR if needed.
 - C. providing ventilations with high flow oxygen.
 - D. attach the AED.
40. You are treating an unresponsive patient with slow, shallow respirations and pinpoint pupils. Which of the following conditions is most likely?
- A. myocardial infarction.
 - B. hyperglycemia.
 - C. amphetamine overdose.
 - D. narcotic overdose.

41. You are caring for a 3-year-old patient in cardiac arrest. What is the correct compression to ventilation ratio for two-person CPR on this patient?
- A. 3 compressions to 1 ventilation.
 - B. 5 compressions to 1 ventilation.
 - C. 15 compressions to 2 ventilations.
 - D. 30 compressions to 2 ventilations.
42. You are caring for a 12-year-old who was injured at the neighborhood skate park. He was not wearing a helmet and is responsive to pain. You note snoring respirations and deformity to the left ankle. You should:
- A. suction the airway and insert an OPA.
 - B. secure the patient to a long board and transport.
 - C. immediately splint the injured ankle.
 - D. open the airway using a jaw-thrust maneuver.
43. Shallow respirations and bradypnea will likely cause:
- A. easier visibility of chest rise and fall.
 - B. a decrease in minute volume.
 - C. a rise in pulse oximetry (SaO₂) readings.
 - D. reduced carbon dioxide levels.
44. You are conducting a primary assessment on an elderly fall victim who complains of hip pain. While assessing circulation, you should check:
- A. skin condition, pulse oximetry and capillary refill.
 - B. pulses, external bleeding and skin condition.
 - C. distal pulses in the lower extremities.
 - D. pulses, motor function and sensation.
45. In unresponsive patients over one year of age, you should palpate the:
- A. radial pulse
 - B. carotid pulse
 - C. brachial pulse
 - D. femoral pulse
46. Which of the following signs of hypoxia is more common in pediatric patients?
- A. bradycardia
 - B. anxiety
 - C. tachycardia
 - D. restlessness
47. Which of the following adult patients is breathing adequately?
- A. a patient with respirations at 16 per minute and equal chest rise and fall.
 - B. a patient with rapid, shallow respirations.
 - C. a patient with shallow respirations at 8 per minute.
 - D. a patient with snoring respirations and cyanosis.
48. An oropharyngeal airway is indicated for which of the following patients?
- A. a 35-year-old semiconscious patient.
 - B. a 14-year-old conscious patient.
 - C. a 22-year-old confused patient with dyspnea.
 - D. a 44-year-old unconscious patient.

49. A 16-year-old male is unconscious following an assault. When you insert an OPA, the patient begins gagging. You should:
- A. continue to insert the airway and prepare to suction as needed.
 - B. remove the airway and prepare to suction as needed.
 - C. insert a smaller OPA.
 - D. insert an advanced oral airway.
50. An elderly female reportedly had a severe headache for the last 24 hours. She was recently found unconscious in bed. Her family reports she has a history of hypertension and transient ischemic attacks (TIAs). The patient's current condition is most likely due to:
- A. a hemorrhagic stroke.
 - B. a cardiac emergency.
 - C. another TIA.
 - D. a migraine headache.
51. When a pulse oximeter is available, how should oxygen be administered to a patient experiencing chest pain?
- A. Administer oxygen to maintain a pulse oximeter reading of 93% or less.
 - B. Administer oxygen to maintain a pulse oximeter reading of at least 94%.
 - C. Always administer oxygen at 15 lpm via nonrebreather mask.
 - D. Contact medical direction to determine the correct oxygen therapy.
52. When there are signs and symptoms that your patient is hypoxic, you should:
- A. Administer oxygen at 15 lpm via nonrebreather mask.
 - B. Always obtain a pulse oximeter reading before administering oxygen.
 - C. Contact medical direction to determine the correct oxygen therapy.
 - D. Assess baseline vitals before determining how oxygen should be administered.
53. A 36-year-old female presents with a sudden onset of difficulty breathing. She is anxious, has intercostal retractions and nasal flaring. Her respiratory rate is 24 breaths per minute. You do not have a pulse oximeter. You should:
- A. administer oxygen via nonrebreather mask at 15 lpm.
 - B. withhold oxygen until a pulse oximeter reading is obtained.
 - C. apply a nasal cannula at 4 lpm.
 - D. begin positive pressure ventilations.
54. Your 67-year-old patient recently began taking a new medication. He is complaining of a sudden onset of severe respiratory distress. He quickly becomes semi-conscious and unable to follow verbal commands. His pulse oximeter (SaO_2) is 89%. You should:
- A. insert an oropharyngeal airway.
 - B. assist ventilations with a BVM.
 - C. apply a continuous positive airway pressure (CPAP) device.
 - D. apply high-flow oxygen via NRB.
55. You are caring for an unresponsive diabetic patient with deep, rapid respirations. The patient's blood glucose is 480 mg/dL. What is the most likely cause of this patient's hyperventilations?
- A. This patient is likely hyperventilating due to severe alkalosis.
 - B. This patient is likely hyperventilating due to severe acidosis.
 - C. This patient's hyperventilations will increase CO_2 levels in the blood.
 - D. This patient's hyperventilations will rapidly lower the blood glucose level.

56. Your 8-year-old patient has blunt chest trauma after being struck by a car. The patient is alert. His airway is clear, breathing is adequate, and pulses are present but weak at 110 beats per minute. Which of the following should you do next?
- A. ask the patient for consent to transport.
 - B. insert an oropharyngeal airway.
 - C. perform a rapid scan.
 - D. assess the patient's pulse oximetry (SaO₂).
57. Your adult patient reportedly smoked an unknown substance and passed out. The patient has inadequate ventilations and your partner begins ventilating with the BVM. Which of the following is the best indicator your patient is being ventilated adequately?
- A. a ventilatory rate of at least 20 breaths per minute.
 - B. poor compliance when squeezing the BVM.
 - C. a pulse oximeter (SaO₂) of 90%.
 - D. adequate bilateral chest rise and fall during BVM ventilation.
58. You are ventilating a patient with a stoma. You note air is escaping from the mouth and nose with each breath. You should:
- A. perform a jaw thrust maneuver.
 - B. manually seal the mouth and nose.
 - C. open the airway using a head tilt-chin lift.
 - D. reduce the tidal volume of each ventilation.
59. You are dispatched for a homeless person found unresponsive. You find the patient prone on the sidewalk unresponsive to pain. You should first:
- A. assess the blood glucose level.
 - B. log roll the patient into a supine position.
 - C. auscultate lung sounds.
 - D. expose the patient and check the back for apparent injuries.
60. You are transporting a pregnant patient from an urgent care center to a high-risk OB facility. The transferring physician tells you the patient may have an abruptio placentae. This means:
- A. the placenta is prematurely separating from the uterine wall.
 - B. the amniotic sac is ruptured and leaking amniotic fluid.
 - C. the patient is going into labor prematurely.
 - D. the placenta is covering the cervical opening.
61. Which of the following accurately describes supine hypotensive syndrome?
- A. compression of the descending aorta by the uterus.
 - B. compression of the inferior vena cava by the uterus.
 - C. compression of the heart by the pericardial sac.
 - D. compression of the lung due to air in the thorax.
62. You are called for a 40-year-old female with a severe headache. She is 32 weeks pregnant. The patient history reveals she also has nausea, blurred vision and sudden edema in her face and hands. Her blood pressure is 156/96. The patient is most likely experiencing:
- A. an absence seizure.
 - B. a spontaneous abortion.
 - C. eclampsia.
 - D. preeclampsia.

63. Shock is caused by:
- A. hyperactivity of a major organ.
 - B. the body's maintenance of homeostasis.
 - C. inadequate tissue perfusion.
 - D. systemic constriction of the blood vessels.
64. Epinephrine stimulates which of the following physiological effects?
- A. bradypnea.
 - B. tachycardia.
 - C. peripheral vasodilation.
 - D. sedation.
65. While attempting to restrain a combative patient, your partner was bitten on the arm. Which of the following is true of bite wounds?
- A. Human bites pose little risk of infection.
 - B. Human saliva carries strong anticoagulant enzymes.
 - C. Human bites pose a high risk of infection.
 - D. Human bites are not dangerous if all vaccines are up to date.
66. Your patient has a partial thickness burn to his anterior chest. It is about the size of the palm of his hand. What is the approximate total body surface area of the burn?
- A. 1%
 - B. 3%
 - C. 5%
 - D. 7%
67. Which of the following patients should be your highest transport priority?
- A. an adult with a superficial burn that covers 15% of the total body surface area.
 - B. any 1st degree burn to the hands or feet of a pediatric patient.
 - C. a partial-thickness burn with respiratory compromise.
 - D. any burn with severe pain over 10% total body surface area.
68. Which of the following conditions would most likely cause hypovolemic shock?
- A. a spinal cord injury.
 - B. laceration of the liver.
 - C. insulin shock.
 - D. appendicitis.
69. Your patient has partial-thickness burns over a large surface area. You should:
- A. immerse the burn area in water.
 - B. leave the burn area exposed.
 - C. apply a dry, sterile burn sheet.
 - D. offer the patient ice-packs to reduce pain.
70. Your patient has severe bleeding to her forearm. If direct pressure does not control the bleeding, you should immediately:
- A. transport the patient.
 - B. apply a tourniquet.
 - C. apply pressure to the proximal artery.
 - D. replace the blood-soaked dressing.

71. Your patient was injured during an industrial accident. He has an abdominal laceration with internal organs protruding. You should apply:
- A. a moist, sterile dressing.
 - B. a dry, sterile dressing.
 - C. a tourniquet.
 - D. an ice-pack.
72. Which of the following is considered a normal capillary refill time for infants and children?
- A. Less than 1 second
 - B. Less than 2 seconds
 - C. Less than 4 seconds
 - D. Less than 6 seconds
73. Which of the following physiological responses helps protect the body from overheating:
- A. shivering.
 - B. peripheral vasodilation.
 - C. peripheral vasoconstriction.
 - D. syncope.
74. Your patient exhibits crepitus to the thorax, paradoxical motion and signs of hypoxia. You should suspect:
- A. a ruptured spleen.
 - B. bilateral femur fractures.
 - C. anaphylaxis.
 - D. a flail chest.
75. A 30-year-old male was stabbed in the abdomen during an assault. The knife is impaled in his the right lower abdominal quadrant. It is important to:
- A. stabilize the knife in place.
 - B. remove the knife and apply direct pressure.
 - C. place the patient on his side.
 - D. transport the patient in a seated position.
76. You are caring for a confused and restless 16-year-old female with blunt chest trauma following a single vehicle accident. She complains of dyspnea and orthopnea. You note a reduced tidal volume, cyanosis and tachycardia. Which of the following should be done first?
- A. Begin positive pressure ventilations.
 - B. Perform a rapid scan.
 - C. Perform a secondary exam.
 - D. Obtain a pulse oximeter (SaO₂) reading.
77. While assessing an unresponsive patient, you discover a penetrating wound to the anterior chest. You should first:
- A. apply a trauma dressing.
 - B. continue your assessment.
 - C. apply an occlusive dressing.
 - D. assess the blood pressure.

78. You arrive at a residence for an ill person. A child opens the door and says his dad is locked in the bedroom with his gun. You should:
- A. ask the child to get his dad.
 - B. retreat to safety and request law enforcement.
 - C. attempt to communicate with the child's father.
 - D. restrain the father and secure any weapons.
79. When caring for a patient with a behavioral emergency, remember:
- A. the behavior may be caused by a physiological condition.
 - B. treatment is not needed if there are no physiological abnormalities.
 - C. any conscious patient can refuse treatment and transport.
 - D. the patient must be restrained if he/she verbalizes suicidal thoughts.
80. A patient with an isolated concussion injury will likely:
- A. get progressively worse over time.
 - B. lose consciousness for long periods.
 - C. progressively improve over time.
 - D. require an extended hospital stay.
81. Which of the following is a common cause of seizures?
- A. poisoning
 - B. orthopedic injury
 - C. myocardial infarction
 - D. Burn injuries
82. Which of the following statements about use of the automated external defibrillator (AED) is correct?
- A. The AED should not be used on children less than 1 year of age.
 - B. The AED should not be used on children weighing less than 90 pounds.
 - C. Adult AED pads should never be used on pediatric patients.
 - D. Adult AED pads can be used on pediatric patients if pediatric pads are not available.
83. Which of the following is a component of the Cincinnati Prehospital Stroke Scale?
- A. Blood pressure
 - B. Arm drift
 - C. Family history
 - D. Grip strength
84. Select the patient condition that is most likely to require transport to a specialized facility.
- A. Dyspnea.
 - B. Diabetic emergency.
 - C. Cerebrovascular accident.
 - D. Syncopal episode.
85. You are caring for a trauma patient with a closed head injury. The patient is responsive to painful stimuli. The BP is 160/100, pulse is 60 beats/min and respirations are 8 per minute. You should:
- A. stabilize life-threatening conditions and limit your on-scene time to 10 minutes.
 - B. perform a secondary assessment prior to transporting the patient.
 - C. transport immediately and perform all treatments in the ambulance.
 - D. obtain two sets of vitals before determining the transport priority.

86. Your female patient complains of vaginal bleeding. She is alert, denies trauma, and states she is not pregnant. You should:
- A. expose the patient and assess for signs of trauma.
 - B. advise the patient to refuse treatment.
 - C. assess the patient for signs of hypoperfusion.
 - D. call for law enforcement and wait to begin treatment.
87. You are on the scene of a patient who was sexually assaulted. The scene is safe, but law enforcement officials are still responding. You should:
- A. attempt get at least one EMS provider of the same sex.
 - B. recommend the patient shower and change clothes.
 - C. direct the patient to write down everything that happened.
 - D. suggest the patient sign a refusal form.
88. Recommendations for an EMS call involving a behavioral patient include:
- A. telling the patient you will determine if he is competent.
 - B. blocking the exits so the patient does not leave.
 - C. asking your partner to leave you alone with the patient.
 - D. not lying to the patient when answering his questions.
89. You are called for a man wandering in the street and yelling at passing cars. Upon arrival, your first priority is:
- A. the safety of you and other rescuers.
 - B. removing the patient from the roadway.
 - C. assessing the patient's blood glucose level.
 - D. determining if the patient is intoxicated.
90. Which of the following is the normal range for a blood glucose level?
- A. 40 and 80 mg/dL.
 - B. 80 and 120 mg/dL.
 - C. 120 and 160 mg/dL.
 - D. 160 and 200 mg/dL.
91. You are called for a child with an altered level of consciousness. Her parents report a recent history of increased appetite, thirst, and frequent urination. The child's blood glucose is 350 mg/dL. The child is most likely experiencing:
- A. insulin shock.
 - B. hypoglycemia.
 - C. diabetic ketoacidosis.
 - D. water intoxication.
92. Esophageal varices typically occurs in patients with a history of:
- A. nose bleeds.
 - B. appendicitis.
 - C. epiglottitis.
 - D. alcohol abuse.
93. Severe internal bleeding is most likely following an injury to which of the following organs?
- A. The stomach.
 - B. The appendix.
 - C. The spleen.
 - D. The gallbladder.

94. You are called for a 24-year-old female who is 28 weeks pregnant. You find the patient supine in bed complaining of severe weakness, dizziness, and nausea. Which of the following is your first priority?
- A. ask the patient if she is expecting twins.
 - B. assess the patient's blood glucose level.
 - C. determine the patient's SAMPLE history.
 - D. place the patient on her left side.
95. Acute hypoglycemia typically causes:
- A. a sudden loss of consciousness.
 - B. a gradual decrease in level of consciousness.
 - C. severe respiratory distress.
 - D. an increase in blood glucose levels.
96. Which of the following statements regarding febrile seizures is correct?
- A. Febrile seizures are the most dangerous type of seizure for pediatric patients.
 - B. Febrile seizures are usually the result of trauma.
 - C. Febrile seizures typically occur due to hypoglycemia.
 - D. Febrile seizures pose little risk of permanent injury.
97. You are called to a doctor's office for a patient who reportedly experienced a brief seizure. Upon arrival, the staff tells you the patient is in a postictal state. This means the patient:
- A. is experiencing back-to-back seizures.
 - B. has an altered but improving level of consciousness.
 - C. is in a hyperactive state.
 - D. went into cardiac arrest.
98. You are dispatched to an assisted living center for a 70-year-old male with an altered level of consciousness. The patient's wife states he has been confused for the last several hours. The patient has slurred speech and left-sided weakness. You should suspect:
- A. a myocardial infarction.
 - B. dementia.
 - C. a stroke.
 - D. internal bleeding.
99. Stimulation of the sympathetic nervous system causes:
- A. decreased respiratory rates.
 - B. increased cardiac output.
 - C. peripheral vasodilation.
 - D. increased blood flow to the digestive tract.
100. You are caring for a 10-year-old child who was an unrestrained passenger in a vehicle that was struck from the rear. The child complains of neck pain. Which of the following should be done first?
- A. manual cervical spine precautions.
 - B. apply an appropriately sized cervical collar.
 - C. assess pulse, motor, sensation in all extremities.
 - D. perform a secondary assessment.

KEY:

1. Correct Answer: C
 - Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Assessment
 - Rationale: Determining the patient's transport priority is a component of the primary assessment. Scene safety is determined during the scene size up. Determining specifics about the patient's pain and reassessing vitals are done later in the assessment process.

2. Correct Answer: D
 - Topic: Airway and Ventilation
 - Emphasis: Pediatrics
 - Rationale: Oxygen is indicated for patients with signs or symptoms of hypoxia, including a pulse oximeter below 94%. EMTs should not withhold oxygen from a patient with a pulse oximeter below 94%. EMTs do not contact the patient's physician for medical direction, nor do they administer MDIs which are not prescribed to the patient.

3. Correct Answer: B
 - Topic: Airway and Ventilation
 - Rationale: The head-tilt, chin-lift is contraindicated for patients with suspected spinal injury. Manual airway techniques, in this case the jaw thrust maneuver, should be performed before inserting a mechanical airway adjunct.

4. Correct Answer: A
 - Topic: Medical, OB, GYN
 - Rationale: The patient is alert and speaking full sentences. These signs indicate the patient is breathing adequately. Respiratory paralysis and respiratory arrest are not possible because the patient is alert and speaking.

5. Correct Answer: D
 - Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Pediatrics
 - Rationale: CPR, beginning with chest compressions, is indicated for unresponsive children with a pulse rate below 60.

6. Correct Answer: A
 - Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: Nitroglycerin is a vasodilator, so it can increase blood flow to the heart and reduce systemic vascular resistance. Activated charcoal is an adsorbent, aspirin is an anti-platelet aggregate, and epinephrine is a sympathomimetic.

7. Correct Answer: B
 - Topic: Trauma
 - Emphasis: Assessment
 - Rationale: The rapid scan is part of the primary assessment and is meant to identify any life-threatening conditions not already discovered. It is not used to identify low priority injuries, this should be done during the secondary assessment. Any patient with the potential for life threatening conditions, conscious or unconscious, should receive a rapid scan.

8. Correct Answer: A
 - Topic: Trauma
 - Emphasis: Assessment
 - Rationale: Life-threatening bleeding should be found and managed during the primary assessment. Interventions, such as control of bleeding, are not part of the scene size up. Significant bleeding should be addressed before the secondary assessment and the patient history.

9. Correct Answer: D
- Topic: Trauma
 - Emphasis: Assessment
 - Rationale: Unresponsive patients should be assessed using the CAB sequence. Circulation is assessed first in order to begin CPR as quickly as possible if needed.
10. Correct Answer: A
- Topic: Trauma
 - Emphasis: Safety
 - Rationale: Scene safety is the EMT's first priority. This scene is not safe and rescuers should withdraw from the scene until it is.
11. Correct Answer: D
- Topic: Trauma
 - Emphasis: Pediatrics
 - Rationale: The radius and ulna are located in the arm, not the leg. A proximal fibula injury would be closer to the knee, not the ankle.
12. Correct Answer: B
- Topic: Trauma
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The foramen magnum is a large opening at the base of the skull that allows the brain and spinal cord to connect. The atlas (C1) and axis (C2) allow for lateral movement of the head.
13. Correct Answer: D
- Topic: Airway and Ventilation
 - Rationale: The tongue is the most common cause of airway obstruction.
14. Correct Answer: A
- Topic: Airway and Ventilation
 - Emphasis: Anatomy/physiology/pathophysiology
 - Rationale: CPAP helps to keep the alveoli open. CPAP is a treatment for sleep apnea and can help avoid intubation. CPAP does not relieve FBAO.
15. Correct Answer: A
- Topic: Airway and Ventilation
 - Emphasis: Anatomy/physiology/pathophysiology
 - Rationale: During inhalation of a spontaneously breathing patient, the diaphragm and intercostal muscles are contracting. There is a drop in pressure within the thorax and air is pulled in, not pushed.
16. Correct Answer: D
- Topic: Airway and Ventilation
 - Emphasis: Anatomy/physiology/pathophysiology
 - Rationale: Carbon monoxide binds with hemoglobin more readily than oxygen, which prevents delivery of oxygen to the body.
17. Correct Answer: A
- Topic: Medical, OB, GYN
 - Emphasis: Pediatrics
 - Rationale: Infants typically breathe through their nose. Infants do not require forceful ventilations with a BVM and are more susceptible to hypoxia than adults. Hypoxia is a common cause of bradycardia in infants.

18. Correct Answer: A
- Topic: Medical, OB, GYN
 - Emphasis: Pediatrics
 - Rationale: Seesaw breathing is more common in pediatric patients. Cyanosis, tachypnea, and altered LOC may be seen in hypoxic patients of any age.
19. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: Pulmonary edema indicates possible left heart failure. Pedal edema and JVD indicate possible right heart failure. The patient's presentation is not consistent with angina or asthma.
20. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The left side of the heart receives oxygenated blood from the pulmonary veins. The right side of the heart receives deoxygenated blood from the venae cavae. Deoxygenated blood leaves the right heart through the pulmonary arteries.
21. Correct Answer: C
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The coronary arteries provide oxygenated blood to the heart. The carotid and cerebral arteries provide blood to the brain. The femoral arteries are located in the leg.
22. Correct Answer: D
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The pulmonary arteries are the only arteries which carry deoxygenated blood. The pulmonary veins are the only veins which carry oxygenated blood.
23. Correct Answer: D
- Topic: Medical, OB, GYN
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The parasympathetic nervous system exerts control over digestive functions. Over stimulation can lead to vomiting. Dilated pupils, dry mouth, and hypertension are more likely caused by stimulation of the sympathetic nervous system.
24. Correct Answer: B
- Topic: Medical, OB, GYN
 - Rationale: Medications are contraindicated when the risks outweigh the potential benefits. Oral glucose does not require a prescription. Some undesired effects (side effects) do not contraindicate use of a drug.
25. Correct Answer: C
- Topic: Medical, OB, GYN
 - Rationale: Aspirin reduces platelet aggregation in the coronary arteries. Aspirin does not dilate coronary arteries, reduce chest pain due to MI, or reduce acidosis.
26. Correct Answer: C
- Topic: Medical, OB, GYN
 - Rationale: A primary assessment must be conducted before determining if an epi-pen should be administered. EMTs receive medical direction from their medical director(s), not the patient's physician.

27. Correct Answer: A
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Assessment
 - Rationale: Responsive patients should be assessed using the ABC sequence during the primary assessment. Airway should be assessed before pulses, skin, or blood pressure. Circulation is not assessed first (CAB sequence) because responsive patients do not need CPR. .
28. Correct Answer: C
- Topic: Trauma
 - Emphasis: Patient Assessment
 - Rationale: The patient is not unresponsive, so assess the airway first (ABCs). This should be done before a secondary exam, before assessing pulse rate, or log rolling the patient.
29. Correct Answer: B
- Topic: Airway and Ventilation
 - Rationale: The jaw-thrust maneuver is indicated for unresponsive patients with a potential spinal injury. The remaining interventions do not facilitate simultaneous opening of the airway with cervical spine precautions.
30. Correct Answer: A
- Topic: Airway and Ventilation
 - Rationale: This patient has a significant mechanism of injury, decreased LOC, and shallow, irregular breaths. BVM ventilations are indicated. Do not withhold ventilations to obtain a pulse oximeter reading. The NRB and nasal cannula are inappropriate for patients with inadequate ventilations.
31. Correct Answer: D
- Topic: Airway and Ventilation
 - Emphasis: Pediatrics
 - Rationale: Spontaneous breaths are unassisted breaths taken by the patient. Spontaneous breaths may occur at any rate or tidal volume and with or without difficulty.
32. Correct Answer: D
- Topic: Airway and Ventilation
 - Rationale: A nonrebreather mask is indicated for spontaneously breathing patients with adequate ventilations and signs of hypoxia. Patients with inadequate, slow, or shallow ventilations should be ventilated.
33. Correct Answer: C
- Topic: Airway and Ventilation
 - Rationale: This patient requires artificial ventilations based on inadequate ventilations, a low pulse oximeter, and a decreased LOC. This should take place before assessing the blood glucose, blood pressure, or patient transport.
34. Correct Answer: B
- Topic: Airway and Ventilation
 - Rationale: Stridor occurs in the upper airway. Rales, rhonchi and wheezes occur in the lower airway.
35. Correct Answer: C
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Pediatrics
 - Rationale: Pulses should be assessed at the brachial artery for patients less than one year of age.

36. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Pediatrics
 - Rationale: CPR, beginning with chest compressions, is indicated for unresponsive children with a pulse rate below 60. This should be done before transport. The AED is not indicated for patients with a pulse.
37. Correct Answer: D
- Topic: EMS Operations
 - Emphasis: Safety
 - Rationale: Standard precautions should be taken before making contact with the patient. Patient contact is required before assessing LOC, bleeding, or the need for invasive procedures.
38. Correct Answer: C
- Topic: Medical, OB, GYN
 - Rationale: This patient's condition does not indicate the need for an epi-pen. His lungs are clear, breathing is non-labored, and BP is adequate.
39. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Assessment
 - Rationale: Unresponsive patients should be assessed using the CAB sequence to ensure chest compressions are initiated as soon as possible when indicated. The AED should not be applied until cardiac arrest is confirmed.
40. Correct Answer: D
- Topic: Medical, OB, GYN
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: Bradypnea, shallow respirations, and pinpoint pupils are common signs with a narcotic overdose. This combination is not typical with an MI, hyperglycemia, or an amphetamine overdose.
41. Correct Answer: C
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Pediatrics
 - Rationale: The correct compression to ventilation ratio for two-person CPR on a pediatric patient is 15:2. One-person CPR is always 30:2.
42. Correct Answer: D
- Topic: Trauma
 - Emphasis: Assessment
 - Rationale: The patient's airway should be opened manually with the jaw thrust maneuver before suctioning the airway, securing to a spine board, or applying a splint.
43. Correct Answer: B
- Topic: Airway and Ventilation
 - Emphasis: Anatomy/physiology/pathophysiology
 - Rationale: Shallow respirations and bradypnea can both contribute to a decrease in minute volume. Neither will improve visibility of chest rise, an increased pulse oximeter reading, or reduced carbon dioxide levels. .
44. Correct Answer: B
- Topic: Trauma
 - Emphasis: Assessment
 - Rationale: Pulses, bleeding, and skin condition are three components of circulation that should be included in the primary assessment. Pulse oximetry, lower extremities, motor function, and sensation are not part of the circulatory component of the primary assessment.

45. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Rationale: Circulation in unresponsive patients over one year of age should be assessed at the carotid artery. The brachial artery should be used for patients under one year of age. .
46. Correct Answer: A
- Topic: Airway and Ventilation
 - Emphasis: Pediatrics
 - Rationale: Bradycardia is a more common sign of hypoxia in pediatric patients. Anxiety, tachycardia, and restlessness are common signs of hypoxia in patients of all ages.
47. Correct Answer: A
- Topic: Airway and Ventilation
 - Rationale: A normal respiratory rate and equal chest rise are signs of adequate breathing. Shallow respirations, cyanosis, and abnormally fast or slow respirations are signs of inadequate breathing.
48. Correct Answer: D
- Topic: Airway and Ventilation
 - Rationale: OPAs are for unresponsive patients without a gag reflex. Three of the four options refer to patients that are not unresponsive.
49. Correct Answer: B
- Topic: Airway and Ventilation
 - Emphasis: Pediatrics
 - Rationale: If a patient gags while inserting an OPA, it should immediately be removed and the airway suctioned as needed. Do not continue inserting the OPA as this will likely induce vomiting. An OPA that is not properly sized should not be used. Advanced airways will also stimulate the patient's gag reflex.
50. Correct Answer: A
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The patient's signs and symptoms are consistent with a stroke, not a cardiac emergency or migraine headache. Signs of a TIA are similar to a stroke but resolve within 24 hours.
51. Correct Answer: B
- Topic: Airway and Ventilation
 - Rationale: Oxygen should be administered to maintain a pulse oximeter reading of at least 94%. Patients without signs of hypoxia, stroke, or shock with a pulse oximeter of at least 94% do not require supplemental oxygen.
52. Correct Answer: A
- Topic: Airway and Ventilation
 - Rationale: Patients with signs of hypoxia should be placed on supplemental oxygen. Oxygen administration should not be delayed in order to obtain a pulse oximeter reading when there are signs of hypoxia.
53. Correct Answer: A
- Topic: Airway and Ventilation
 - Rationale: Patients with signs of hypoxia should be placed on supplemental oxygen. The NRB mask is the preferred method of oxygen administration for patients with respiratory distress with adequate breathing and no pulse oximeter reading.

54. Correct Answer: B
- Topic: Medical, OB, GYN
 - Emphasis: Assessment
 - Rationale: The patient has respiratory distress with inadequate breathing. The patient requires positive pressure ventilations. CPAP and an OPA are not appropriate for a semi-conscious patient. .
55. Correct Answer: B
- Topic: Medical, OB, GYN
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: This patient is presenting with signs of DKA and Kussmaul ventilations. The hyperventilations are most likely due to severe acidosis. Hyperventilations will likely reduce CO2 levels. Hyperventilations cannot rapidly lower blood glucose levels.
56. Correct Answer: C
- Topic: Trauma
 - Emphasis: Pediatrics
 - Rationale: The next action should be a rapid scan to assess for life threatening injuries. This is more important than a pulse oximeter reading. A minor patient cannot provide consent. An OPA is not indicated for a responsive patient.
57. Correct Answer: D
- Topic: Medical, OB, GYN
 - Rationale: Bilateral chest rise and fall is the best indicator that the patient is being adequately ventilated. The patient should be ventilated at 10-12 breaths per minute. Poor BVM compliance and a low pulse oximeter reading are signs of inadequate ventilation.
58. Correct Answer: B
- Topic: Airway and Ventilation
 - Rationale: The mouth and nose should be sealed when ventilating a patient with a stoma to prevent air leak. The jaw thrust and head tilt-chin lift will not prevent air leak. Reducing tidal volume may lead to inadequate ventilations.
59. Correct Answer: B
- Topic: Medical, OB, GYN
 - Emphasis: Assessment
 - Rationale: The first priority for an unresponsive patient is to initiate CPR if needed. To do this, the patient must be supine. All other options would delay assessment of circulation.
60. Correct Answer: A
- Topic: Medical, OB, GYN
 - Rationale: Abruptio placenta is the premature separation of the placenta from the uterine wall. Placenta previa is when the placenta partially or completely covers the cervical opening.
61. Correct Answer: B
- Topic: Medical, OB, GYN
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: Supine hypotensive syndrome occurs when the weight of the fetus and uterus compresses the inferior vena cava. This reduces the return of blood to the heart, reducing cardiac output and blood pressure.
62. Correct Answer: D
- Topic: Medical, OB, GYN
 - Rationale: The patient has many of the classic signs and symptoms of preeclampsia. Eclampsia includes seizure activity. The signs and symptoms of an absence seizure and spontaneous abortion are very different than those presented in this question.

63. Correct Answer: C
- Topic: Cardiology, Resuscitation, Stroke
 - Rationale: Shock (hypoperfusion) develops as a result of inadequate tissue perfusion and disrupts the body's homeostasis. It is not typically caused by hyperactivity of an organ or systemic vasoconstriction.
64. Correct Answer: B
- Topic: Medical, OB, GYN
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: Epinephrine stimulates the sympathetic nervous system. This causes tachycardia and peripheral vasoconstriction. It does not have a sedative affect.
65. Correct Answer: C
- Topic: Trauma
 - Rationale: Human bites can be highly infectious. Vaccines do not prevent the risk of infection from a bite wound. Human saliva does not contain anticoagulant enzymes.
66. Correct Answer: A
- Topic: Trauma
 - Rationale: The palm of a person's hand approximates 1% of his or her total body surface area.
67. Correct Answer: C
- Topic: Trauma
 - Rationale: Any burn patient with respiratory compromise should be considered a high transport priority. Patients with first degree (superficial) burns or pain would be considered a lower transport priority in comparison.
68. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The liver is a solid organ and can bleed profusely when injured. Laceration of the liver would likely lead to hypovolemic shock. A spinal cord injury would most likely lead to distributive shock due to vasodilation. Insulin shock is not a common cause of hypovolemia (DKA is). Appendicitis is more likely to lead to septic shock.
69. Correct Answer: C
- Topic: Trauma
 - Rationale: Partial thickness burns should be covered with a sterile burn sheet. Immersing a burn over a large surface area in water or applying ice increases the risk of hypothermia. Leaving the burn area exposed increases the risk of infection.
70. Correct Answer: B
- Topic: Trauma
 - Rationale: A tourniquet should be applied if bleeding from an extremity is not controlled by direct pressure. Application of a tourniquet should not be delayed to apply arterial pressure or for transport. Blood-soaked dressings should be covered, NOT removed.
71. Correct Answer: A
- Topic: Trauma
 - Rationale: The patient has an abdominal evisceration. Proper treatment includes a moist sterile dressing covered by an occlusive dressing. Use of a tourniquet or ice-pack would not be appropriate.
72. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Emphasis: Pediatrics
 - Rationale: Normal capillary refill occurs in 2 seconds or less.

73. Correct Answer: B

- Topic: Trauma
- Emphasis: Anatomy, physiology, pathophysiology
- Rationale: Peripheral vasodilation helps the body dissipate body heat. Peripheral vasoconstriction helps the body conserve body heat. Shivering helps generate body heat. Syncope can result from overheating; it is not a protective mechanism.

74. Correct Answer: D

- Topic: Trauma
- Rationale: Crepitus to the thorax and paradoxical motion are classic signs of a flail chest and can lead to hypoxia. A ruptured spleen and femur fractures would likely lead to hypovolemia, not hypoxia. Crepitus and paradoxical motion are not signs of anaphylaxis.

75. Correct Answer: A

- Topic: Trauma
- Rationale: Impaled objects should be stabilized in place unless they obstruct management of the airway or prevent CPR. This patient would most likely be transported in the Trendelenburg position to assist in the treatment of shock.

76. Correct Answer: A

- Topic: Trauma
- Rationale: The patient has inadequate ventilations. Positive pressure ventilations should be initiated before other assessments are performed.

77. Correct Answer: C

- Topic: Trauma
- Rationale: Penetrating chest wounds should be covered with an occlusive dressing before applying a trauma dressing. This should be done before performing continuing the assessment of assessing vitals.

78. Correct Answer: B

- Topic: Medical, OB, GYN
- Emphasis: Safety
- Rationale: Personal safety is the EMT's first priority. Retreating and requesting law enforcement is the safest course of action. All other options increase the risk to you and/or the child.

79. Correct Answer: A

- Topic: Medical, OB, GYN
- Rationale: Many behavioral emergencies are caused by a physiological condition. Behavioral patients frequently require further evaluation and treatment. Patients must be competent to refuse treatment, not just conscious. Patient restraint is not automatic due to verbalization of suicidal thoughts.

80. Correct Answer: C

- Topic: Medical, OB, GYN
- Rationale: Concussion patients typically improve over time, they do NOT typically get worse. A head injury patient that loses consciousness for long periods or requires an extended hospital stay likely has injuries beyond a concussion.

81. Correct Answer: A

- Topic: Medical, OB, GYN
- Rationale: Common causes of seizures include acidosis, epilepsy, infection, diabetic emergencies, poisoning and overdose, head injury, and stroke.

82. Correct Answer: D
- Topic: Cardiology, Resuscitation, Stroke
 - Rationale: Adult AED pads should be used on a pediatric patient if no pediatric pads are available. The AED can be used on adults, children, and infants in cardiac arrest.
83. Correct Answer: B
- Topic: Cardiology, Resuscitation, Stroke
 - Rationale: The Cincinnati Prehospital Stroke Scale includes assessments for facial droop, slurred speech, and arm drift.
84. Correct Answer: C
- Topic: Cardiology, Resuscitation, Stroke
 - Rationale: Stroke patients should be transported to a facility capable of providing rapid assessment and intervention. Dyspnea, diabetic problems, and syncope can typically be handled at any emergency department.
85. Correct Answer: A
- Topic: Trauma
 - Emphasis: Assessment
 - Rationale: The patient is a high transport priority exhibiting signs of increased intracranial pressure. On-scene time should be limited to management of life-threatening conditions.
86. Correct Answer: C
- Topic: Medical, OB, GYN
 - Rationale: This patient should be assessed for signs and symptoms of shock. The patient denies trauma, so exposing the patient is inappropriate. Transportation for further evaluation should be recommended, not refusal of treatment. There is no need to call for law enforcement based on the information provided.
87. Correct Answer: A
- Topic: Medical, OB, GYN
 - Rationale: It is helpful to have an EMS provider of the same sex when caring for a sexual assault victim. EMS providers should NOT recommend the patient refuse treatment, shower or change clothes. It is not up to EMS providers to direct the patient to document the encounter.
88. Correct Answer: D
- Topic: Medical, OB, GYN
 - Rationale: EMS providers should not lie to a patient. When dealing with a behavioral patient, EMS providers should not block the exits or remain alone with the patient. Telling the patient you will determine competency is confrontational and unnecessary.
89. Correct Answer: A
- Topic: Medical, OB, GYN
 - Emphasis: Safety
 - Rationale: The safety of yourself and your fellow rescuers is the highest priority. Only after establishing scene safety should the other options be considered.
90. Correct Answer: B
- Topic: Medical, OB, GYN
 - Rationale: The normal blood glucose range is between 80-120 mg/dL.
91. Correct Answer: C
- Topic: Medical, OB, GYN
 - Emphasis: Pediatrics
 - Rationale: The patient is presenting with the classic signs of untreated DKA (polydipsia, polyuria, polyphagia).

92. Correct Answer: D
- Topic: Trauma
 - Rationale: Esophageal varices is often associated with alcoholism.
93. Correct Answer: C
- Topic: Trauma
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The risk of internal bleeding is much greater with injury to solid organs, such as the spleen. The stomach, appendix, and gallbladder are hollow organs. Damage to hollow organs will more likely lead to infection.
94. Correct Answer: D
- Topic: Medical, OB, GYN
 - Emphasis: Anatomy, physiology, pathophysiology
 - Rationale: The patient is exhibiting signs of supine hypotensive syndrome. The first priority is to get the weight of the uterus off of the inferior vena cavae.
95. Correct Answer: A
- Topic: Medical, OB, GYN
 - Rationale: Acute hypoglycemia results from a sudden drop in blood glucose levels. This frequently causes a sudden loss of consciousness. Severe respiratory distress is not common with acute hypoglycemia.
96. Correct Answer: D
- Topic: Medical, OB, GYN
 - Emphasis: Pediatrics
 - Rationale: Febrile seizures rarely lead to permanent injury and are the result of a high, rapidly rising fever, not trauma or hypoglycemia. Infants and younger children are at the highest risk of febrile seizures.
97. Correct Answer: B
- Topic: Medical, OB, GYN
 - Rationale: Patients in the postictal state of a seizure have an altered but improving level of consciousness. They are not hyperactive or in cardiac arrest. Back-to-back seizures are known as status epilepticus.
98. Correct Answer: C
- Topic: Cardiology, Resuscitation, Stroke
 - Rationale: The patient is presenting with signs and symptoms of a stroke. The presentation is not consistent with an MI or internal bleeding. Dementia does not typically have an acute onset or present with slurred speech and unilateral weakness.
99. Correct Answer: B
- Topic: Medical, OB, GYN
 - Rationale: Sympathetic nervous system stimulation causes increased cardiac output, increased respirations, peripheral vasoconstriction, and decreased blood flow to the GI tract.
100. Correct Answer: A
- Topic: Trauma
 - Emphasis: Pediatrics
 - Rationale: Manual c-spine precautions should be taken before applying a cervical collar, assessing PMS, or performing a secondary assessment.