



McHenry Western Lake County EMS System

BLS Protocol Exam

SOP ROLL OUT

- 1) The number one cause of fetal death in **trauma** is the death of the mother.
 - a. True
 - b. False

- 2) What patient indicates the need for CPAP?
 - a. 58 y/o chest pain patient with a positive STEMI GCS- 15; BP 90/56; P-100 RR- 18
 - b. 68 y/o COPD patient – GCS 14; BP 140/100; P110; RR 32
 - c. 16 y/o Asthma patient – GCS 15; BP 89/56; P 112; RR 24
 - d. 92 y/o CHF patient- GCS 9; BP 190/100; P 96; RR 10

- 3) Which assessment findings are critical to identifying possible sepsis?
 - a. Hypertension and elevated ETCO2
 - b. Hypertension and GCS 15
 - c. Asses for risk factors S&S of infection
 - d. SOB and pulse ox of 95%

- 4) You have a 60 y/o male patient with c/o chest pain while watching the Bears game, per the Chest Pain ACS SOP when would be the appropriate time to acquire a 12 lead?
 - a. While doing your A, B, C assessment
 - b. With your first set of vitals
 - c. When you move the patient to the ambulance
 - d. Within 5 min of patient contact

- 5) What level of BSI precautions should be taken for a patient presenting with COVID-19 symptoms?
 - a. Airborne
 - b. Droplet
 - c. Direct contact
 - d. Indirect contact

- 6) Your patient is complaining of SOB with history of MI, and chest pain. Vitals: BP 86/30, HR 74 Resp. 16, SPO 88%; Lung sounds =crackles bilaterally. What BLS procedure is indicated for this patient?
 - a. Hand Held Nebulizer
 - b. 12 Lead ECG
 - c. Suction
 - d. CPAP

- 7) What does BIAD acronym stand for?
 - a. Blind Insertion Airway Device
 - b. Burn it all down
 - c. Bad Intubation Airway Documentation
 - d. Bilateral Internal Acetabulum Dislocation

- 8) What are some indications for CPAP?
- COPD/Asthma
 - Flail Chest
 - Inhalation burn
 - All the above
- 9) You respond to a known heroin user and find evidence that would suggest they have been using. They are A&Ox2 with respiratory depression and a SPO2 of 90%. What is the dose of naloxone you would administer?
- 1mg IN/IM repeat q 2 min up to 4mg max
 - 1mg IN/IM repeat every 30 sec. up to 4mg max
 - 0.5mg IN/IM
 - 2 mg IN/IM repeat twice
- 10) What is the time frame for calling a stroke alert on a patient exhibiting positive BEFAST signs from the last seen normal time?
- 3.5-6 hours
 - <3.5 hours
 - >3.5 hours
 - 24 hours
- 11) What is the dose of Naloxone indicated in treating suspect opiate ingestion in a child- estimated to weigh 18kg?
- 0.4 mg
 - 0.6 mg
 - 0.8mg
 - 1.0 mg
- 12) What finding below would raise a high level of suspicion of concern in the care of an elderly patient being assessed in a nursing home?
- Patient refusing to take their medications
 - Systolic BP of 90, heart rate of 120 following a fall causing trauma
 - Patient with mild AMS per their norm found in their wheel chair
 - Patient C/O not feeling well with all vitals WNL
- 13) Which oxygen delivery device is most appropriate for a patient with dyspnea and a room air pulse ox of 93%?
- Nasal cannula at 6L
 - Nasal cannula at 2L
 - Non-rebreather mask at 12L
 - CPAP
- 14) You have a patient that has a complaint of chest pain. You do an assessment, vitals, monitor, and 12 lead which indicates a STEMI. How often should you do a repeat 12 lead?
- Every 5 min.
 - Every 10 min if ongoing pain/symptoms
 - Only if the patient is unstable
 - There is no reason for a repeat 12 lead

- 15) The approved use of the abbreviation LOC is:
- Laceration of Chest
 - Lots of cops
 - Level of consciousness
 - Left of center
- 16) What is a **contraindication** for the use of the i-gel supraglottic airway?
- semiconscious patient with a positive gag reflex
 - need for an advanced airway during a full arrest
 - a patient with impending respiratory failure, unable to maintain his airway
 - a CHF patient that will need with Etomidate to achieve sedation prior to an advanced airway.
- 17) You respond to a patient who has just eaten a peanut butter cookie. The patient has developed difficulty breathing, a systemic rash, a productive cough. His lung sounds demonstrate wheezing. Vital Signs are: BP 150/84; HR 94; RR 16; SPO2 96%. Which treatment is best for this patient?
- CPAP with O2 at 6 L/min
 - Albuterol 2.5mg & Ipratropium 0.5mg via hand held Nebulizer with O2 at 6 L/min
 - Albuterol 2.5mg via in-line nebulizer
 - Epinephrine 1mg/10ml IM
- 18) Your patient is presenting with facial droop and slurred speech. How can you differentiate between a possible stroke and Bell's Palsy?
- Complete arm drift assessment
 - Check for ataxia
 - Have the patient furrow their brow/ wrinkle their forehead
 - Check for changes in their visual field
- 19) When calling in a radio report to OLMC, when do you call an ALERT? (IE: cardiac, sepsis, stroke, trauma)
- Early in the call, right after you identify the chief complaint
 - The first thing that you should say
 - After you have given assessment findings
 - At the end of your report
- 20) Abandonment is discontinuing needed medical monitoring before patient care is assumed by other professionals of equal or greater licensure than the level of care required by patient?
- True
 - False