

EMR Practice Test

1. The best strategy for assessing a 2-year-old child is to:

- a. touch the head first.
- b. remove the child's clothing.
- c. have the parent hold the child.
- d. have the child examined by an EMR of the same gender.

2. Which of the following statements regarding the fontanelles in infants is false?

- a. The fontanelles may bulge when the infant is crying.
- b. The fontanelles may pulsate with each heartbeat.
- c. The fontanelles at the top of the head does not close until 18 months of age.
- d. The fontanelles at the top of the head closes at 10 months of age.

3. Compared with adults, infants:

- a. primarily breathe through the mouth.
- b. primarily breathe through the nose.
- c. breathe through the mouth when the nasal airway is obstructed.
- d. have more respiratory movement in the chest.

4. Blood pressure is higher in:

- a. females.
- b. males.
- c. shorter children.
- d. inactive children.

5. In the case of an infant with SIDS, the EMR should do all of the following except:

- a. attempt to diagnose SIDS.
- b. provide resuscitation to the infant.
- c. comfort the parents.
- d. arrange for transport of the infant to a hospital.

6. Treatment of a child with a fever should include:

- a. application of rubbing alcohol.
- b. undressing the child.
- c. bundling up the child.
- d. bathing the child in cold water.

7. In an MCI, the EMR is expected to:

- a. triage as many patients as possible.
- b. provide care to as many patients as possible.
- c. provide care to the walking wounded.
- d. take copious notes on each patient.

8. According to the START triage system, patients are classified as delayed if:

- a. he/she is able to walk away.
- b. he/she is unable to follow commands.
- c. their radial pulse is absent.
- d. capillary refill is <2 seconds.

9. In triage, a red tag indicates:

- a. nonsalvageable status.
- b. immediate status.
- c. delayed status.
- d. deteriorated status.

10. Which of the following statements regarding assessment of the circulatory system in children during triage is false?

- a. A nonbreathing child may still have a pulse.
- b. In children, respiratory failure is followed by circulatory failure.
- c. Small children have a respiratory rate >30 breaths per minute.
- d. A respiratory rate of 8 breaths per minute in a child is normal.

11. According to the JumpSTART triage system:

- a. a nonbreathing child is classified as deceased.
- b. a nonbreathing child should be assessed for a pulse.
- c. a child who responds appropriately to pain is classified as immediate.
- d. a child who breathes spontaneously after ventilation is classified as delayed.

12. All of the following statements regarding the palpation method of obtaining blood pressure are false except:

- a. palpation measures only diastolic blood pressure.
- b. A stethoscope is used for palpation.
- c. palpation measures only systolic blood pressure.
- d. Palpation is more accurate than auscultation.

13. The systolic blood pressure of an adult male is measured by:

- a. adding the age to 90.
- b. adding the age to 100.
- c. dividing the diastolic measurement by two thirds.
- d. multiplying the age in years by 2 and adding 80.

14. In measuring blood pressure using the auscultation method:

- a. readings should be rounded off to the next highest number.
- b. the last fade of sound should be used as the systolic pressure.
- c. the systolic pressure is indicated when the sound becomes dull or soft.
- d. the first significant sound heard is the diastolic pressure.

15. The blow-by oxygenation method is used in:

- a. patients with chronic obstructive pulmonary disease (COPD).
- b. premature infants.
- c. elderly patients.
- d. asthma patients.

16. High-flow oxygen can cause respiratory arrest in:

- a. preterm infants.
- b. COPD patients.
- c. elderly patients.
- d. pediatric patients.

17. All of the following are types of COPD except:

- a. emphysema.
- b. bronchitis.
- c. asthma.
- d. black lung disease.

18. Which of the following statements regarding hyperventilation is false?

- a. Hyperventilation may result in cyanosis.
- b. Hyperventilation may be a sign of a heart attack.
- c. Hyperventilation may be resolved by reassuring the patient.
- d. Hyperventilation may be treated by having the patient blow into a paper bag.

19. Low blood sugar may be associated with:

- a. stroke.
- b. COPD.
- c. altered mental status.
- d. cerebrovascular accident.

20. Ketone breath is a sign of:

- a. hypoglycemia.
- b. hyperglycemia.
- c. cyanosis.
- d. COPD.

21. Which of the following statements regarding hypoglycemia is false?

- a. Hypoglycemia may resemble alcohol intoxication.
- b. Hypoglycemic patients may be given honey, candy, or a soft drink.
- c. Hypoglycemia may result from a diabetic not taking insulin.
- d. Hypoglycemia may result in ketone breath.

22. The first step in treating a victim of ingested poisoning should be to:

- a. dilute the poison.
- b. administer activated charcoal.
- c. give the patient a glass of water.
- d. contact a poison control center.

23. A pocket face mask with a HEPA filter may be required to treat ingestion of:

- a. ammonia.
- b. arsenic.
- c. kerosene.
- d. gasoline.

24. Treatment of a bee sting should include all of the following, except:

- a. the administration of oxygen.
- b. taking body substance isolation (BSI) precautions.
- c. scraping away the stinger.
- d. pulling out the stinger.

25. Which of the following statements regarding heat stroke is false?

- a. Heat stroke may be life-threatening.
- b. Heat stroke patients usually present with altered mental status.
- c. Heat stroke patients perspire heavily.
- d. The skin of a heat stroke patient is hot to the touch.

26. All of the following are accepted practices in the treatment of heat exhaustion, except:

- a. the application of ice bags to the neck, armpits, and groin.
- b. giving the patient a glass of water.
- c. loosening or removing the patient's clothing.
- d. providing oxygen.

27. Which of the following statements regarding generalized cold emergencies is true?

- a. Hypothermia only occurs when the outside temperature is below freezing.
- b. Cold emergency victims may show no vital signs but may still be revived.
- c. Cold emergency patients should be given hot tea or coffee to warm up.
- d. Cold emergency patients should be encouraged to walk to warm up.

28. Emergency care of a late-localized cold injury includes:

- a. massage of the injured area.
- b. the application of heat to the injured area.
- c. walking to stimulate circulation.
- d. covering the injured area.

29. Emergency care of a patient with a behavioral emergency includes:

- a. the placement of the patient on the cot and the application of restraints.
- b. playing along with hallucinations.
- c. asking the patient what is troubling him or her.
- d. obtaining the patient's consent to provide care.

30. Emergency care of drug abuse or overdose patients involves:

- a. asking the patient if he or she is using drugs.
- b. performing a physical examination.
- c. memorizing drug names and reactions.
- d. reassuring the patient.

31. Which of the following statements regarding cardiac compromise is false?

- a. Damage over an electrical pathway may cause cardiac arrest.
- b. Most cardiac arrests result from myocardial infarction (MI).
- c. Most MIs result in cardiac arrest.
- d. A heart attack is not the same thing as a cardiac arrest.

Answer Key and Explanations

1. C: Toddlers, or children one to three years of age, should be examined in a head-to-toe manner, as touching the head first may frighten the child. Toddlers do not wish to be separated from their parents; thus, the child should be held by a parent during the examination. Because toddlers dislike having clothing removed, only one article of clothing should be removed at a time and replaced immediately after examination. It is not necessary for the EMR to be the same gender as the child; however, in the case of an adolescent, the physical examination should be conducted by an EMR of the same gender.

2. D: The fontanelles, or soft spots on the head of an infant, may bulge when the infant is crying or agitated and may pulsate with each heartbeat; thus, they should only be assessed when the infant is quiet. The largest soft spot, located on the top of the infant's head, does not close completely until the infant is approximately 18 months of age.

3. B: Compared with adults, infants primarily breathe through the nose; thus, unlike adults, when the nasal airway is obstructed, infants do not automatically breathe through the mouth. Because the diaphragm is the major breathing muscle in the infant, more respiratory movement is seen in the abdomen than in the chest.

4. B: In children, blood pressure is dependent upon gender, age, and height. Blood pressure is higher in males than in females, as well as in taller children vs shorter children. Blood pressure is higher in children engaged in exercise or activity than in inactive children.

5. A: Because the EMR cannot diagnose sudden infant death syndrome (SIDS), he or she should provide the infant with the same emergency care as a patient in cardiac arrest. The EMR should provide resuscitation and arrange transport of the infant to the hospital; however, resuscitation should not be attempted if rigor mortis has developed or the infant's blood has pooled. Emotional support should be given to the parents.

6. B: Bundling up a child with a fever simply retains the heat of the fever and is therefore ineffective; instead, the child should be undressed to his or her underwear or diaper. If the child becomes chilled, he or she should be covered with a light blanket. Applying rubbing alcohol may allow toxic amounts to be absorbed through the skin. Children with fever should never be submerged in cold water.

7. A: In the case of a multiple-casualty incident (MCI), EMR personnel are the first on the scene and are responsible for triaging as many patients as possible; triage should only be stopped when a patient requires life-saving care. Patients with minor injuries, or the walking wounded, should be directed to a location away from the scene of the emergency. Brief notes should be taken on each patient; however, taking copious notes may delay the triage process.

8. D: According to the START triage system, a patient is classified as delayed if respirations are <30 per minute, capillary refill is <2 seconds or radial pulse is present, and the patient is able to follow commands. Patients who are the least injured and are able to walk away from the scene are classified as minor.

9. B: In triage, a red tag indicates immediate status; such patients are unresponsive but able to breathe. Non-salvageable or deceased status is indicated by a black or gray tag and delayed status by a yellow tag.

10. D: In children, circulatory failure follows respiratory failure; thus, a nonbreathing child may still have a pulse. Small children, particularly infants, have a respiratory rate >30 breaths per minute. According to the START triage system, a respiratory rate of <30 breaths per minute in an adult is a positive sign; thus, a child with a respiratory rate <8 breaths per minute would be classified as delayed when he or she is actually in respiratory failure.

11. B: According to the JumpSTART triage system, a nonbreathing child should be assessed for a pulse; if the child does not begin to breathe spontaneously after the airway is opened, he or she should be ventilated five times. If the child begins to breathe spontaneously after ventilation, he or she should be classified as immediate. A child who is alert and responds appropriately to pain should be classified as delayed.

12. C: The palpation method of obtaining blood pressure involves using a blood pressure cuff and feeling the patient's radial or brachial pulse. Palpation only reveals systolic blood pressure and is not as accurate as the auscultation method, which uses both a blood pressure cuff and a stethoscope and measures both diastolic and systolic blood pressure.

13. B: The systolic blood pressure in adult males is measured by adding the age to 100; in women, systolic blood pressure is measured by adding the age to 90. In children, the systolic blood pressure is measured by multiplying the age by 2 and adding 80. Diastolic blood pressure is two thirds that of the systolic measurement.

14. A: In measuring blood pressure using the auscultation method, readings should be rounded off to the next highest number. The first significant sound heard is the systolic blood pressure; as the cuff deflates, dulling or softening of the sound indicates diastolic pressure. The last fade of sound indicates the diastolic pressure.

15. B: Oxygen should only be administered directly to a newborn infant under certain circumstances, such as premature or difficult delivery or respiratory distress. The blow-by method in which the mask is placed near the side of the nose and mouth may be useful in infants.

16. B: Because patients with COPD have a hypoxic drive, or are accustomed to having lower levels of oxygen in the lungs and blood, prolonged use of high-flow oxygen may lower the drive to breathe, resulting in respiratory arrest. High-flow oxygen may cause eye damage in premature infants.

17. C: Emphysema, chronic bronchitis, and black lung disease are all types of COPD.

18. D: Hyperventilation is uncontrolled, rapid, deep breathing that may occur in association with anxiety, fear, or stress. Although most cases are self-correcting, hyperventilation may be a sign of a more serious medical condition such as respiratory distress or impending heart attack; patients may experience cyanosis, or bluish discoloration of the skin, lips, and nail beds. Hyperventilation may be treated by simply reassuring the patient and having him or her take slow, deep breaths. Contrary to popular belief, hyperventilation should not be treated by having the patient blow into a paper bag.

19. C: Low blood sugar or diabetes is associated with altered mental status; altered mental status may result from seizures, cardiac events, and stroke, or cerebrovascular accident.

20. B: Ketones have an odor resembling acetone, or nail polish remover. Ketone breath, or breath with a sweet or fruity odor, is a sign of hyperglycemia.

- 21. C:** Hypoglycemia, or insulin shock, may result from a diabetic taking too much insulin; hyperglycemia, or diabetic coma, results when a diabetic does not take his or her insulin. Hypoglycemia may produce abnormal, hostile, or aggressive behavior resembling that associated with alcohol intoxication; patients may be given oral glucose or a sugar substitute such as honey, candy, or a soft drink. Ketone breath is a sign of hyperglycemia.
- 22. D:** In the case of ingested poisoning, the EMR should first call the poison control center; no care should be provided other than the ABCs to control life-threatening situations. Providing liquids to a patient who has ingested poison may be dangerous.
- 23. B:** In the case of a patient who has ingested a highly concentrated dose of arsenic, cyanide, or another poison that may leave a deposit on the patient's lips, use of a pocket face mask with a HEPA filter, a bag-valve mask, or other protective barrier device may be required to protect the EMR from exposure.
- 24. D:** In treating a patient who has been stung by a bee or wasp, the EMR should first perform scene size-up, including taking BSI precautions. Oxygen should be administered and the stinger should be scraped away from, not pulled out of, the patient's skin.
- 25. C:** Heat stroke is a life-threatening condition; signs and symptoms include altered mental status, skin that is hot to the touch, and convulsions. Heavy perspiration is a sign of heat exhaustion.
- 26. A:** In treating a patient with heat exhaustion, he or she should first be moved to a cool place; the patient's clothing should be loosened or removed and oxygen provided as per local protocol. If the patient is responsive, he or she may be given a glass of water; however, the patient should not be chilled. In treating heat stroke, which is considered a life-threatening condition, the patient should be cooled as rapidly as possible; applying cold packs or ice bags to the neck, armpits, and groin is effective in rapidly cooling a patient with heat stroke.
- 27. B:** Hypothermia can still occur if the outside temperature is above freezing. Although a generalized cold emergency victim may be unresponsive and show no vital signs, it should not be assumed that he or she is dead; the pulse should be assessed for 30 to 45 seconds, and CPR begun if there is still no pulse. Giving the patient hot coffee or tea or alcoholic beverages may affect the blood vessels and worsen his or her condition. Patients should be removed from the cold environment, but should not be allowed to walk or exert themselves.
- 28. D:** In the case of a late-localized cold injury, the injured area should be covered and should not be re-exposed to cold. The EMR should not attempt to rub or massage or apply heat to the injured area; patients should not be allowed to walk on affected legs.
- 29. C:** In the case of a behavioral emergency, the EMR should perform a scene size-up and consider the need for law enforcement. Behavioral emergency patients often refuse to consent to care; thus, medical direction should always be consulted before attempting to provide emergency care. Potentially violent patients should not be restrained unless directed by medical direction and/or law enforcement. Playing along with the patient's visual or auditory hallucinations or arguing or challenging the patient is not acceptable. Instead, acknowledge that the patient is upset and ask what is troubling him or her in a calm, reassuring voice.
- 30. D:** Emergency care of a drug abuse or overdose patient is basically the same regardless of the drug used and should not change unless ordered by medical direction or the poison control center. Memorizing specific drug names and reactions is unnecessary. Because many drug abusers use more than one drug, performing a physical examination is not helpful in detecting which drugs have