

CPGs Section One Quiz

1. What weight is considered adult dosing for medications?
2. While on-scene with a pt who you have called an ambulance for, you may receive a call-back from what two clinicians?
3. You have an ATP of EMT and are treating a 19yom MX rider who crashed. Bystanders state pt was uncon/unres for approx 1 min. Primary survey: GCS M6 V4 E4. A - patent; B – RR22, deep, CTA, SPO2 98%; C – HR 134, pale sweaty. C/O R upper arm/shoulder px 9/10. You have removed the helmet taking C spine precautions, the pt is supine and you are starting your secondary survey when the pt starts to have a tonic/clonic Sz. What course of action can you take?
4. You have an ATP of EMT and are on duty at a concert when a concert goer rushes up to you asking you to help their friend you has anaphylaxis to nuts, has just eaten a wrap from one of the vendors and is now having difficulty breathing. The pt has left their Epi Pen in their car which is parked about 2 km off site. You find the pt, a 22 yof, kneeling on the ground, gasping for breath unable to speak to you presenting panicked. Her lips and eyes are puffy and you note a rash spreading up her neck. GCS M5 agitated/combative, grabbing for you; V1, E4; you are unable to get a HR or SPO2 due to pt agitation. CRT >3 sec; RR 8 with minimal air movement. What course of action can you take?
5. You have an ATP of ILS/RN EC2 and are on-scene with a 12 yof whose horse has rolled over her. She is trying to get up, crying and gasping that she can't breath. By standers state she didn't move for approx 10 sec, then started screaming. She appears to be moving all limbs normally in her attempt to get up before she collapses back onto the ground. GCS M4 V2, E2. A – patent; B – RR34 and shallow, SPO2 94%; C HR rapid, weak radial, pale. You remove her helmet maintaining C spine precautions, the remove her chest protector and examine her chest. You immediately note paradoxical movement with a portion of the R anterior chest pulling in on inspiration. On auscultation you note decreased breath sounds on the R side. What course of action can you take?
6. You are the medics at an ODE. A 15 yof has fallen out on the XC course but is apparently up now and on her way with her mother to to you for assessment. UA the girl is crying, limping on her R leg. She states that her R knee hurts 5/10. You examine her C spine which reveals NAD, instruct her to hold her head still and remove her helmet which you note has significant grass and mud embedded in it. The mother states they don't have time for this as the girl has another mount entered in this class. You politely explain you need to do a quick concussion check and would also like to check the girls knee and any other injuries. The mother tells you to make it quick. The concussion check reveals the girl cannot recall how she fell, she has a 6/10 headache and feels nauseous. GCS M6 V5 (slow to answer) E4; A – patent; B - RR 18, CTA; C - HR 140, pale. At this time the mother states they have to go now, the daughter vomits. You explain that her daughter is showing signs and symptoms of a concussion and will need to be cleared by a doctor before she

can resume riding. The mother states that is ridiculous and storms off with her daughter. What is your next course of action?

7. A nine yom crashed his MX bike and is C/O 10/10 px to his lower L leg. GCS M6, V5, E4, distressed, crying. A - patent, B - RR 24, CTA, SPO2 99%; C – HR 148, perfused. Secondary survey reveals NAD other than obvious deformity to the L distal tib/fib. Good distal CMS. You are coaching the pt to use the entonox and discuss with the parents about putting in an IV to give Fentanyl. The parents agree and distract the child while you place an IV. The child weighs 38kg. What is your dose of Fentanyl?

8. A 42 yom self presents at the medic unit C/O 5/10 px to his L wrist after falling from his trail bike earlier that day. OE the L wrist has slight edema with decreased ROM secondary to px. Good distal CMS and good strength grip though you note increased discomfort. Elbow and shoulder joints have full ROM. You bandage the wrist with an ice pack and put the arms in a sling and recommend the pt gets an xray which he agrees to. His mate is able to drive him to Hastings Health Centre. He has nil PMHx, Nil Rx, NKDA. What analgesic can you give him?

9. What are the adult doses for Fentanyl?

IV: ____ mcg to ____ mcg every ____ to ____ minutes prn

IN: ____ mcg per nostril, then ____ mcg per nostril every ____ min prn.

IM: ____ to ____ mcg. May repeat ____ after ____ min

10. The ____ route is the preferred route of the administration of Fentanyl in adults while the ____ route is initially the acceptable route for young children.

11. If Fentanyl is given IM and then an IV is able to be placed, IV doses can be given post 10 min of the initial IM dose however, use doses at the lower end i.e. 10-20mcg. Why?

12. Oxygen should usually only be administered to pts with an SPO2 below 94% and via the simplest device i.e. nasal cannulae. Clinical conditions where supplementary oxygen should be administered even with a SPO2 94-97% include:

13. Peripheral cyanosis is usually due to _____ whereas central cyanosis (blue lips and mouth) are an indication of severe _____ with an SPO2 below _____%

14. Severe respiratory distress, severe shock unresponsive to fluids and multi-system trauma with abnormal VS are what status? _____

15. Moderate respiratory distress, flail chest, moderate shock responsive to fluids, complex multi-system trauma with normal/near normal VS, two or more fx of shaft of femur, tibia, humerus, limb ischemia, SCI with paraplegia are what status? _____

16. What is the number for the Air Desk? _____

17. What is the number for Wellington Clinical Desk? _____

18. What is the ANTS criteria for calling the Heli?

A	
N	
T	
S	

19. What format should we use when giving a handover?

20. Your pt withdraws to pain, is groaning and eyes only open with painful stimulae. What is their GCS? _____ M____ V____ E_____