COPR Primary Care Paramedic (PCP) Practice Exam (Sample)

Study Guide

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Questions

1. What is the common presentation of a patient who has suffered a stroke?

A. Gradual headache and fatigue

B. Sudden onset of speech difficulties and weakness

C. Consistent chest pain radiating to the arm

D. Persistent cough and fever

2. For which of the following distances is a fixed-wing aircraft best utilized for patient transport?

A. A distance of less than 50km

B. A distance of 50 to 99km

C. A distance over 100 to 149km

D. A distance over 150km

3. When is it essential to perform a reassessment?

A. Before and after every medication administration

B. Only if the patient requests it

C. After any significant intervention or change in the patient's condition

D. At the beginning of each shift

4. A paramedic is attending to a patient experiencing non-traumatic back pain. What question should be asked when the A is reached during SAMPLE assessment?

A. Are you acutely ill?

B. Are you an alcoholic?

C. Are you allergic to anything?

D. What activities were you doing?

5. Which illness would not be included in the differential diagnosis for a 78-year-old female with chest pain?

A. Pneumonia

B. Cholecystitis

C. Congestive heart failure

D. Gastroesophageal reflux disease

6. What does the acronym SAMPLE stand for in a trauma assessment?

- **A. Signs/Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading up**
- **B. Signs, Assessments, Medical history, Past treatments, Last interventions, Events**
- **C. Symptoms, Allergies, Medications, Prognosis, Last treatment, Experiences**
- **D. Signs/Symptoms, Allergies, Medical history, Last treatment, Emergency contacts, Events**

7. What does the term "first responder" refer to?

- **A. The first person to call emergency services**
- **B. The first medical professional on the scene**
- **C. The first person on the scene to provide care**
- **D. The first to assess the situation on arrival**

8. During CPR for an adult, how many rescue breaths should be given after every 30 chest compressions?

- **A. 1 breath**
- **B. 2 breaths**
- **C. 3 breaths**
- **D. 4 breaths**

9. What is the purpose of using a cervical collar?

- **A. To keep the airway open in unconscious patients**
- **B. To stabilize the neck and prevent further spinal injury in trauma patients**
- **C. To reduce pain during transport**
- **D. To provide support for head injuries**

10. A BLS crew is transporting a patient to the ER when the patient stops breathing. One paramedic begins to ventilate the patient with a BVM and the other calls in for online medical direction. How should the paramedic respond if intubation is recommended?

A. I can intubate but I will have to call my supervisor first

B. I am not able to intubate; it is out of my scope of practice

C. I can intubate this patient if you walk me through the process

D. I am not able to intubate; it is against our policies and procedures

Answers

1. B
2. D
3. C
4. C
5. B
6. A
7. C
8. B
9. B
10. B

Explanations

1. What is the common presentation of a patient who has suffered a stroke?

A. Gradual headache and fatigue

B. Sudden onset of speech difficulties and weakness

C. Consistent chest pain radiating to the arm

D. Persistent cough and fever

The presentation of a patient who has suffered a stroke typically includes sudden and distinct neurological deficits, which is why the choice highlighting sudden onset of speech difficulties and weakness is recognized as the correct option. During a stroke, especially in cases of ischemic stroke or hemorrhagic stroke, the brain's blood flow is abruptly disrupted. This can lead to immediate changes in function based on the area of the brain affected. Speech difficulties, also known as dysphasia or aphasia, and muscle weakness or paralysis on one side of the body are among the hallmark signs of a stroke. These symptoms appear suddenly and can vary in severity depending on the extent of the brain damage, which aligns with the typical clinical presentation of a stroke. In contrast, other symptoms described in the other options do not align with the acute nature of stroke presentation. Gradual headache and fatigue, while they could be associated with other neurological issues, do not reflect the sudden impact seen in strokes. Similarly, chest pain radiating to the arm is more commonly associated with cardiac events, like myocardial infarction. Persistent cough and fever suggest respiratory or infectious processes, which are not characteristic of stroke. This underscores the importance of recognizing the sudden onset of neurological deficits as a critical indicator of stroke.

2. For which of the following distances is a fixed-wing aircraft best utilized for patient transport?

A. A distance of less than 50km

B. A distance of 50 to 99km

C. A distance over 100 to 149km

D. A distance over 150km

A fixed-wing aircraft is best utilized for patient transport over longer distances, particularly those exceeding 150 km. This is because fixed-wing aircraft can cover considerable distances more efficiently than ground transport or helicopters, providing a faster option for urgent medical cases that require transport to specialized care facilities. In the context of distances beyond 150 km, fixed-wing aircraft are advantageous due to their higher cruising speeds and ability to fly directly to destination airports, reducing overall transport time significantly. This makes them particularly suitable for transporting patients who may be in critical condition and require advanced medical facilities not available at closer locations. For shorter distances, such as those under 150 km, other modes of transport, like ambulances or helicopters, are usually more practical and cost-effective. Ground transport is often more accessible for emergencies closer to hospitals, while helicopters are often used for distances that require rapid transport but are still within a reasonable range for air travel. Overall, the optimal use of fixed-wing aircraft emerges in scenarios that necessitate swift relocation over longer distances where time is of the essence.

3. When is it essential to perform a reassessment?

A. Before and after every medication administration

B. Only if the patient requests it

C. After any significant intervention or change in the patient's condition

D. At the beginning of each shift

Reassessment is a critical component of patient care that allows paramedics to evaluate the effectiveness of interventions and to monitor for any changes in a patient's condition. Performing a reassessment after any significant intervention or change ensures that the healthcare provider can identify trends, recognize complications early, and make informed decisions about ongoing treatment. In the context of emergency medical services, significant interventions could include the administration of medications, advanced airway management, or any procedure that alters the patient's status. By conducting a reassessment, paramedics gather essential vital signs, assess the patient's symptoms, and evaluate the overall response to care. This process is vital for ensuring continuity of care and for making necessary adjustments based on the patient's evolving needs. It is also a key aspect of maintaining the standards of practice in paramedicine, contributing to improved patient outcomes.

4. A paramedic is attending to a patient experiencing non-traumatic back pain. What question should be asked when the A is reached during SAMPLE assessment?

A. Are you acutely ill?

B. Are you an alcoholic?

C. Are you allergic to anything?

D. What activities were you doing?

During the SAMPLE assessment, asking about allergies is particularly important for several reasons. Identifying whether a patient has allergies helps to inform the paramedic about potential complications that could arise from treatment options. Allergic reactions can vary in severity and may affect the choice of medications administered or interventions performed on the patient. In the context of non-traumatic back pain, knowing if the patient has any allergies ensures that the approved medications or treatments do not trigger an adverse reaction, thereby enhancing patient safety. While questions relating to acute illness, alcohol use, and recent activities can provide valuable context regarding the patient's condition, the question regarding allergies is more critical to immediate treatment decisions and patient safety. Understanding a patient's allergies is a fundamental part of the assessment process that directly impacts the management and care provided in a prehospital setting.

5. Which illness would not be included in the differential diagnosis for a 78-year-old female with chest pain?

A. Pneumonia

B. Cholecystitis

C. Congestive heart failure

D. Gastroesophageal reflux disease

Cholecystitis, which is the inflammation of the gallbladder, is primarily associated with abdominal pain and symptoms like nausea, vomiting, and possibly fever. While it can cause referred pain, particularly in the right upper quadrant, it is less commonly the source of chest pain compared to other conditions, especially in the context of an older patient. In contrast, pneumonia can present with chest pain, especially if there is pleuritic involvement. Congestive heart failure often leads to chest discomfort due to fluid overload or cardiac issues such as myocardial ischemia. Gastroesophageal reflux disease (GERD) is well-known for causing chest pain resembling cardiac pain. Given these reasons, cholecystitis does not typically manifest as chest pain in the same way that pneumonia, congestive heart failure, or GERD does, making it the least likely to be included in the differential diagnosis for this particular case scenario.

6. What does the acronym SAMPLE stand for in a trauma assessment?

A. Signs/Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading up

B. Signs, Assessments, Medical history, Past treatments, Last interventions, Events

C. Symptoms, Allergies, Medications, Prognosis, Last treatment, Experiences

D. Signs/Symptoms, Allergies, Medical history, Last treatment, Emergency contacts, Events

The correct answer is A, which stands for Signs/Symptoms, Allergies, Medications, Past medical history, Last oral intake, and Events leading up. This acronym is a valuable tool used by paramedics and other healthcare providers during trauma assessments to quickly gather essential information about a patient's condition. When evaluating a patient, the first component, Signs/Symptoms, allows providers to identify the observable symptoms and the patient's experience of their condition, which is critical for understanding the current health issue. Allergies provide necessary context regarding potential reactions the patient might have to medications or treatments. The Medications segment informs responders about what drugs the patient is currently taking, which can influence treatment decisions and avoid drug interactions. Past medical history is vital for understanding any existing conditions that may impact the current situation. Knowing the Last oral intake can help assess the patient's risk for aspiration and is critical if surgical intervention may be necessary. Finally, understanding the Events leading up to the incident helps provide context for the presence and severity of injuries. The comprehensiveness of this approach makes it an essential part of the assessment process in emergency medical situations, ensuring that critical information is collected efficiently and effectively.

7. What does the term "first responder" refer to?

A. The first person to call emergency services

B. The first medical professional on the scene

C. The first person on the scene to provide care

D. The first to assess the situation on arrival

The term "first responder" specifically refers to the first person on the scene who provides care to individuals in need, particularly in emergency situations. This role encompasses not only medical professionals but also trained individuals like police officers, firefighters, and emergency medical technicians (EMTs) who may administer initial help before further medical assistance arrives. Choosing the first person to call emergency services focuses on initiating the response rather than directly providing care, which is why it doesn't fully capture the essence of a first responder's role. Similarly, while the presence of a medical professional on the scene is important, it does not necessarily mean they are the first to provide care; thus, it might not encompass all types of first responders. Likewise, simply assessing the situation without delivering care does not align with the active role of someone termed a first responder, which is inherently about providing assistance and intervention to those in need.

8. During CPR for an adult, how many rescue breaths should be given after every 30 chest compressions?

A. 1 breath

B. 2 breaths

C. 3 breaths

D. 4 breaths

In the context of performing CPR on an adult, the recommended ratio of chest compressions to rescue breaths is 30 compressions followed by 2 rescue breaths. This approach is designed to ensure adequate ventilation and circulation during the time when the heart and lungs are not functioning effectively. The two rescue breaths following the 30 compressions serve to inflate the lungs and provide oxygen to the body, which is vital for survival during a cardiac arrest situation. It's crucial to deliver these breaths effectively; they should be given slowly enough to allow the chest to rise visibly, ensuring adequate air is delivered without causing a rush that could lead to complications such as gastric inflation. This specific sequence of 30:2 is established by current CPR guidelines to optimize the chances of survival until advanced medical help arrives.

9. What is the purpose of using a cervical collar?

A. To keep the airway open in unconscious patients

B. To stabilize the neck and prevent further spinal injury in trauma patients

C. To reduce pain during transport

D. To provide support for head injuries

The primary purpose of using a cervical collar is to stabilize the neck and prevent further spinal injury, particularly in trauma patients. When someone has sustained a neck injury or is suspected of having a spinal cord injury, immobilizing the cervical spine is crucial to prevent any movement that could exacerbate the injury. This is particularly important as any movement could lead to further damage to the spinal cord, potentially resulting in paralysis or other serious complications. Cervical collars are designed to limit the range of motion of the head and neck, providing a level of support that helps keep the spine in alignment. This allows emergency medical personnel to safely transport the patient to a medical facility without increasing the risk of further harm. Maintaining spinal stability is a key aspect of pre-hospital care, especially in cases of traumatic injury, making the use of cervical collars essential in these scenarios.

10. A BLS crew is transporting a patient to the ER when the patient stops breathing. One paramedic begins to ventilate the patient with a BVM and the other calls in for online medical direction. How should the paramedic respond if intubation is recommended?

A. I can intubate but I will have to call my supervisor first

B. I am not able to intubate; it is out of my scope of practice

C. I can intubate this patient if you walk me through the process

D. I am not able to intubate; it is against our policies and procedures

The correct response emphasizes the scope of practice for a Primary Care Paramedic (PCP) in relation to airway management. A PCP's training typically does not include advanced airway procedures like intubation; therefore, stating that intubation is outside their scope of practice aligns with both the legal and ethical responsibilities of the paramedic to operate within established guidelines. This response is grounded in the fundamental principles of emergency medical services, which emphasize the importance of providing care that is aligned with the level of training and certification held by a provider. It's a clear recognition that paramedics must adhere to their designated competencies and not exceed them, ensuring patient safety and care integrity. In comparing this to the other options, while some suggest the action of intubation alongside personal protocols or procedures, they either imply an ability to perform a procedure that is not within the PCP's training or introduce the notion of seeking additional permissions, which could delay necessary care for the patient in a critical situation. The focus on scope of practice here highlights a clear understanding that, as a PCP, intubation is reserved for advanced care providers, thereby ensuring compliance with training and regulations.