Emergency Medical Responder (EMR) British Columbia Provincial Licensing Practice Exam (Sample)

Study Guide

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Questions

1. Which vital signs can be assessed to determine a patient's condition during an emergency?

A. Heart rate, blood pressure, and skin color

B. Respiratory rate, temperature, and heart rate

C. Blood glucose level, oxygen saturation, and pupils

D. All of the above

2. What does a grimace score of 0 on the APGAR scale indicate?

A. No response to stimuli

B. Weak reflex to stimuli

C. Strong reaction to stimuli

D. Stability in response throughout

3. What is the first step in managing an obstructed airway?

A. Finger sweep

B. Suction

C. Recovery position

D. Manual stabilization

4. What action should be taken regarding CPR if a patient showing signs of cardiac arrest begins to breathe?

A. Continue CPR

B. Discontinue CPR and monitor

C. Increase chest compressions

D. Alert emergency services

5. What is the proper recovery position for an unresponsive but breathing patient?

A. Face up with legs straight

B. Face down with arms extended

C. On their side with the lower arm extended

D. Sitting upright with support

6. If a patient is suspected of having a head injury, what should an EMR do?

- **A. Move the patient to a comfortable position**
- **B. Monitor their vital signs and keep them calm**
- **C. Encourage them to walk**
- **D. Apply pressure to the head**

7. Which of the following is NOT a component of the NEXUS criteria?

- **A. Distracting injury**
- **B. Pain in the extremities**
- **C. Altered level of consciousness**
- **D. Midline tenderness**

8. If the answers to the FAST-VAN criteria are affirmative, what condition should be considered?

- **A. Large vessel occlusion**
- **B. Fractured pelvis**
- **C. Cardiac arrest**
- **D. Spinal injury**

9. What is the method for packaging the pelvis for transport?

- **A. Use a rolled blanket between the legs**
- **B. Apply an elastic band around the pelvis**
- **C. Wrap with adhesive tape**
- **D. Place in the recovery position**

10. What initial step should be taken if there is a significant bleed with a fracture?

- **A. Apply a tourniquet**
- **B. Control the bleed if necessary**
- **C. Start CPR immediately**
- **D. Reassess the patient's condition**

Answers

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

Explanations

1. Which vital signs can be assessed to determine a patient's condition during an emergency?

A. Heart rate, blood pressure, and skin color

B. Respiratory rate, temperature, and heart rate

C. Blood glucose level, oxygen saturation, and pupils

D. All of the above

During an emergency situation, it's essential to assess multiple vital signs to gain a comprehensive understanding of a patient's condition. Each of the options listed captures important indicators of health, making the correct answer the inclusive choice, which acknowledges all potential vital signs. Heart rate, blood pressure, and skin color can provide immediate insights into the cardiovascular system's functioning and overall circulation. Rapid heart rates alongside pale skin may signify shock or other distress. Respiratory rate, temperature, and heart rate are critical components that can indicate respiratory distress or infection. Abnormalities in respiratory rates may suggest inadequate oxygenation or distress, while temperature can point to infectious processes or other metabolic conditions. Blood glucose level, oxygen saturation, and pupil response are also vital in assessing a patient's neurological status and metabolic state. Abnormal blood glucose levels can indicate diabetic emergencies, while oxygen saturation informs about respiratory effectiveness. The pupils' response offers clues into neurological function and possible drug influence. Because each set of vital signs covers different systems and potential issues, monitoring all of them provides a more complete picture of a patient's health. This holistic approach is crucial in emergency medicine, where rapid identification of life-threatening conditions is necessary for appropriate interventions. Thus, recognizing the importance of each vital sign reinforces a thorough assessment during

2. What does a grimace score of 0 on the APGAR scale indicate?

A. No response to stimuli

B. Weak reflex to stimuli

C. Strong reaction to stimuli

D. Stability in response throughout

A grimace score of 0 on the APGAR scale indicates no response to stimuli. The APGAR scale is a quick assessment tool used to evaluate the health of newborns immediately after birth, specifically looking at five criteria: appearance, pulse, grimace, activity, and respiration. Each criterion is scored from 0 to 2, with higher scores indicating better health. In the context of the grimace response, a score of 0 signifies that the newborn shows no reaction at all when stimulated, which may suggest a potential issue requiring further evaluation or intervention. The other possible scores—1 and 2—represent increasing levels of response, with a score of 1 indicating a weak reflex and a score of 2 indicating a strong reaction. Therefore, a grimace score of 0 clearly reflects an absence of any response, highlighting that the newborn is not reacting to stimuli as expected.

3. What is the first step in managing an obstructed airway?

A. Finger sweep

B. Suction

C. Recovery position

D. Manual stabilization

In managing an obstructed airway, the primary concern is to promptly clear the obstruction to restore normal breathing. The first step in this emergency response is suctioning, which plays a critical role when dealing with visible obstructions that may block the airway, such as blood, vomit, or other foreign materials. Suctioning is essential in creating a clear passage, allowing air to enter the lungs and preventing further complications like hypoxia. The other methods listed are important in various contexts of airway management but follow suctioning in the sequence of interventions. For example, a finger sweep is performed if there is a visible obstruction that can be removed; however, it should not be routinely done without proper indication. The recovery position is used to safely position a patient who is breathing adequately, particularly those at risk of aspiration, but it is not the immediate action for an obstructed airway. Manual stabilization may be relevant in cases of trauma but is not specifically directed at clearing an obstruction from the airway. Thus, suctioning is the most appropriate and immediate first step in effectively managing an obstructed airway.

4. What action should be taken regarding CPR if a patient showing signs of cardiac arrest begins to breathe?

A. Continue CPR

B. Discontinue CPR and monitor

C. Increase chest compressions

D. Alert emergency services

When a patient who is in cardiac arrest begins to show signs of spontaneous breathing, the appropriate course of action is to discontinue CPR and monitor the patient. This is because the return of independent breathing indicates that the patient may have regained effective circulation and is beginning to stabilize. It is crucial to place the patient in a recovery position to ensure that their airway remains open and to prevent aspiration, especially if they are unconscious. Continuous monitoring is essential during this time to detect any changes in the patient's condition, such as the return of consciousness or any complications that may arise. If the patient shows any signs of deterioration, resuming CPR would be necessary. While continuing CPR or augmenting chest compressions might seem appropriate, it would not be beneficial if the patient is already breathing independently. Alerting emergency services is always a vital step in any emergency response, but once the patient begins to breathe, the immediate focus should be on monitoring and maintaining their airway.

5. What is the proper recovery position for an unresponsive but breathing patient?

A. Face up with legs straight

B. Face down with arms extended

C. On their side with the lower arm extended

D. Sitting upright with support

The proper recovery position for an unresponsive but breathing patient involves placing the individual on their side with the lower arm extended. This position helps keep the airway clear and allows for any fluids, such as vomit, to drain out of the mouth, reducing the risk of aspiration. By having the patient on their side, it also maintains breathing and circulation while preventing the individual from rolling onto their back, which could obstruct the airway. This recovery position is specifically designed to keep the person safe and is especially critical if they are unconscious yet still breathing. It promotes better oxygenation and minimizes the risk of choking or other airway complications. Proper positioning is vital in emergency scenarios, as it can significantly influence the patient's overall condition until more advanced medical support can arrive. In contrasting this with other positions: lying face up could lead to airway obstruction, face down does not allow for adequate breathing or drainage of fluids, and sitting upright may not be sustainable for an unresponsive patient, potentially compromising their airway and leading to further complications.

6. If a patient is suspected of having a head injury, what should an EMR do?

A. Move the patient to a comfortable position

B. Monitor their vital signs and keep them calm

C. Encourage them to walk

D. Apply pressure to the head

In the case of a suspected head injury, the primary focus of the Emergency Medical Responder (EMR) should be to ensure the patient's safety and stability. Monitoring vital signs is crucial because it allows the responder to detect any changes in the patient's condition, which may indicate worsening of the injury or the onset of complications such as increased intracranial pressure. Keeping the patient calm is also important, as agitation can exacerbate the situation and lead to further injury. A calm patient is usually easier to assess and manage, and it helps to prevent any additional stress that could worsen their condition. Ensuring that the patient does not move excessively or attempt to walk is vital, as movement can lead to further brain injury. Similarly, applying pressure to the head might not be appropriate if there are any open wounds or fractures, and moving the patient to a comfortable position could inadvertently cause further harm, especially in cases of spinal or neck injuries. Monitoring and observing the patient's vital signs while keeping them calm provides the best approach for managing a suspected head injury.

7. Which of the following is NOT a component of the NEXUS criteria?

A. Distracting injury

B. Pain in the extremities

C. Altered level of consciousness

D. Midline tenderness

The NEXUS criteria are a set of clinical guidelines used primarily to determine whether a cervical spine injury is likely in a trauma patient, particularly when assessing the need for spinal immobilization. The main components that must be assessed are: - Midline tenderness, which indicates a potential injury to the spinal column. - Altered level of consciousness, as it suggests a possible significant head injury or other critical conditions that could influence decision-making regarding the spine. - The presence of distracting injuries, which can divert a patient's attention away from other painful injuries, potentially masking a neck injury. Pain in the extremities is not part of the NEXUS criteria and therefore does not directly relate to the determination of spinal injury risk. The focus of NEXUS is on specific indicators that may suggest a higher risk of significant cervical spine injury, rather than general pain in the limbs, which does not indicate any specific condition regarding the cervical spine itself. Thus, the correct response identifies a factor that does not pertain to the critical evaluation of spinal status in trauma patients as outlined by the NEXUS guidelines.

8. If the answers to the FAST-VAN criteria are affirmative, what condition should be considered?

A. Large vessel occlusion

B. Fractured pelvis

C. Cardiac arrest

D. Spinal injury

When the FAST-VAN criteria yield affirmative answers, it suggests the presence of a large vessel occlusion, such as an occlusion of a major cerebral artery (e.g., the middle cerebral artery). The FAST-VAN criteria are specifically designed to identify patients who may be experiencing a stroke, particularly when there is a concern about a large vessel occlusion that could lead to significant neurological impairment. These criteria focus on signs and symptoms indicative of a stroke, including facial drooping, arm weakness, speech difficulties, and visual disturbances. Positive responses to these criteria highlight the urgency for rapid assessment and treatment, as large vessel occlusions require immediate intervention to minimize brain damage and enhance recovery outcomes. Other options like fractured pelvis, cardiac arrest, and spinal injury do not directly relate to the criteria used to assess for strokes or large vessel occlusions. While they represent critical medical conditions requiring prompt care, they do not fall under the category of conditions specifically screened for with the FAST-VAN approach.

9. What is the method for packaging the pelvis for transport?

A. Use a rolled blanket between the legs

B. Apply an elastic band around the pelvis

C. Wrap with adhesive tape

D. Place in the recovery position

Using a rolled blanket between the legs is an effective method for packaging the pelvis for transport. This technique helps to stabilize the pelvis by creating a wider base between the legs, which minimizes movement and provides support to any potential fractures. Securing the blanket in place can also assist in preventing further injury by immobilizing the pelvic region during transport. This approach is particularly important in emergency medical situations where pelvic injuries are suspected. A rolled blanket can be easily adjusted for comfort and proper fit, making it a practical option for first responders. Additionally, it is a quickly implementable technique that can be done with minimal equipment, which is advantageous in emergencies where time and resources are limited. The other methods listed do not provide the necessary stabilization for treating potential pelvic injuries. Adhesive tape is not ideal because it may cause discomfort and can also fail to provide adequate support. An elastic band around the pelvis may not effectively stabilize the area as it could slip or become loose during transport. Placing a patient in the recovery position focuses on airway management rather than pelvic stabilization and may not address the need for proper immobilization of suspected pelvic injuries.

10. What initial step should be taken if there is a significant bleed with a fracture?

A. Apply a tourniquet

B. Control the bleed if necessary

C. Start CPR immediately

D. Reassess the patient's condition

In the case of a significant bleed associated with a fracture, controlling the bleed is the initial crucial step. This is because severe bleeding can lead to shock and further complicate the patient's condition, particularly in situations where a fracture has caused damage to blood vessels or external injuries. Before taking any further measures, such as applying a tourniquet or performing other interventions, it's essential to ensure that hemorrhage control is prioritized. This may involve direct pressure on the wound, elevation, or other bleeding control methods. Once the bleeding is managed, appropriate attention can be given to the fracture itself and the overall condition of the patient. The other options, although they may be relevant in different contexts, do not address the immediate need to control active bleeding. Starting CPR would only be indicated if the patient is unresponsive and not breathing, while reassessing the patient's condition would come after the initial bleed control has been managed. Applying a tourniquet could be necessary in some cases of severe bleeding, but it is not the first action when direct pressure can be applied to effectively control the bleeding.