

Greater Miami Valley EMS Council (GMVEMSC) Protocol Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

SAMPLE

- 1. What are signs of respiratory distress in a patient under 2 years old?**
 - A. Fever, rash, and drowsiness**
 - B. Nasal congestion, cough, and wheezing**
 - C. Loud crying and refusal to eat**
 - D. Excessive sweating and lethargy**
- 2. What is the first step in controlling a life-threatening external hemorrhage?**
 - A. Apply a tourniquet immediately**
 - B. Apply constant, direct pressure**
 - C. Document the time and date**
 - D. Transport the patient quickly**
- 3. What does the 'S' in the SLUDGEMM mnemonic represent?**
 - A. Sleepiness**
 - B. Salivation**
 - C. Seizures**
 - D. Sweating**
- 4. How is Nitroglycerine packaged?**
 - A. In a white plastic bottle**
 - B. In a dark brown glass bottle**
 - C. In a metal canister**
 - D. In a clear glass vial**
- 5. What should patients contaminated with diesel fuel receive to prevent chemical burns?**
 - A. Immediate surgery**
 - B. Thorough irrigation**
 - C. Oral medication**
 - D. Transport to hospital immediately**

- 6. For non-COPD patients, what is the appropriate rate of oxygen for a nasal cannula (NC)?**
- A. 2-4 LPM**
 - B. 4-6 LPM**
 - C. 8-10 LPM**
 - D. 10-12 LPM**
- 7. What does a bold "G" indicate in protocol documentation?**
- A. Pediatric section**
 - B. Adult section**
 - C. Geriatric section**
 - D. Emergency section**
- 8. What signifies a full spinal motion restriction is not indicated?**
- A. Patient with a GCS of 15 and no pain**
 - B. Patient demonstrating neurological deficits**
 - C. Patient under the influence of substances**
 - D. Patient with a history of falls**
- 9. What potential issue can arise when using colorimetric devices with carbonated beverages in the stomach?**
- A. They can provide an accurate reading**
 - B. They may not detect CO2 levels**
 - C. They can give off a false positive result**
 - D. They can indicate a cardiac arrest**
- 10. How can an EMT administer Organophosphate/nerve agent antidotes?**
- A. By intra-nasal spray**
 - B. By auto-injector only**
 - C. By oral tablet**
 - D. By IV injection only**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What are signs of respiratory distress in a patient under 2 years old?

- A. Fever, rash, and drowsiness**
- B. Nasal congestion, cough, and wheezing**
- C. Loud crying and refusal to eat**
- D. Excessive sweating and lethargy**

In assessing a patient under 2 years old for signs of respiratory distress, it is crucial to recognize specific respiratory symptoms that indicate the child is having difficulty breathing. Nasal congestion, cough, and wheezing are classic signs that reflect the presence of a potential obstructive process or irritation of the airways. Nasal congestion can lead to difficulty in breathing through the nose, causing reliance on mouth breathing, which may not be as effective. A cough is often a protective mechanism to clear irritants from the airway, and wheezing indicates constriction or obstruction in the smaller airways, which can suggest conditions like bronchospasm or respiratory infections such as croup or bronchiolitis. These signs combined are indicative of respiratory distress, suggesting that the patient may need further evaluation and intervention. Other choices, while presenting symptoms that may be observed in a pediatric patient, do not specifically correlate with the immediate physiological response associated with respiratory distress. Hence, the focus on nasal congestion, cough, and wheezing as indicators of respiratory distress is essential for effective assessment and management of young children experiencing breathing difficulties.

2. What is the first step in controlling a life-threatening external hemorrhage?

- A. Apply a tourniquet immediately**
- B. Apply constant, direct pressure**
- C. Document the time and date**
- D. Transport the patient quickly**

Applying constant, direct pressure is the first and most crucial step in controlling a life-threatening external hemorrhage. This technique is effective for most types of bleeding, as it helps to clot the blood at the site of the injury by promoting the formation of a thrombus, which is essential for stopping the loss of blood. Direct pressure should be applied with a sterile dressing or cloth, and it must be firm enough to compress the blood vessels without causing additional injury to the tissue. This step can often effectively control bleeding before more advanced interventions, such as applying a tourniquet, are necessary. The importance of establishing direct pressure at the onset cannot be overstated, as it serves to stabilize the situation while additional help or resources are arranged. While applying a tourniquet is a critical skill for controlling severe bleeding in some circumstances, it is usually not the first step, as it can lead to other complications if not applied correctly. Documenting the time and date or quickly transporting the patient are also important components of patient care, but they should come after immediate control of the bleeding to ensure the patient's stability and safety. Therefore, the application of constant, direct pressure is the most appropriate initial action in managing external hemorrhage.

3. What does the 'S' in the SLUDGE mnemonic represent?

- A. Sleepiness
- B. Salivation**
- C. Seizures
- D. Sweating

The 'S' in the SLUDGE mnemonic represents Salivation. This mnemonic is commonly used to help recall the symptoms associated with cholinergic poisoning, which can occur with certain types of pesticide exposure or nerve agents. Salivation is one of the hallmark symptoms, characterized by excessive drooling or saliva production, often accompanied by other symptoms like lacrimation (tearing), urination, diarrhea, gastrointestinal distress, emesis (vomiting), muscle twitching, and miosis (constricted pupils). Recognizing salivation as a critical part of the SLUDGE mnemonic is essential for identifying and responding to cases of cholinergic toxicity effectively. Properly understanding this mnemonic can help emergency responders quickly assess a patient's condition and initiate appropriate treatment.

4. How is Nitroglycerine packaged?

- A. In a white plastic bottle
- B. In a dark brown glass bottle**
- C. In a metal canister
- D. In a clear glass vial

Nitroglycerin is packaged in a dark brown glass bottle to protect it from light, as exposure to light can degrade the medication and reduce its effectiveness. The dark glass offers a necessary barrier that helps maintain the stability and potency of the drug. Nitroglycerin is highly sensitive to both heat and light, which is why the specific choice of packaging is crucial for safeguarding its therapeutic properties. Packaging in a clear glass vial or a white plastic bottle would expose the medication to light, and a metal canister is not suitable due to potential chemical interactions and reactions that could occur with nitroglycerin. Thus, the choice of a dark brown glass bottle serves both practical and safety purposes in maintaining the integrity of nitroglycerin.

5. What should patients contaminated with diesel fuel receive to prevent chemical burns?

- A. Immediate surgery**
- B. Thorough irrigation**
- C. Oral medication**
- D. Transport to hospital immediately**

Thorough irrigation is the correct approach for patients contaminated with diesel fuel to prevent chemical burns. Diesel fuel can cause irritation and damage to the skin and mucous membranes, which can lead to chemical burns if not promptly addressed. The primary treatment for such chemical exposure is to remove the contaminant as quickly as possible. Irrigation with copious amounts of water helps to dilute and wash away the diesel fuel, minimizing skin contact time and reducing the potential for damage. This process is critical in preventing the chemical from continuing to affect the skin and underlying tissues. Prompt and effective irrigation can significantly reduce the severity of the chemical injury. In contrast, immediate surgery may not be necessary unless there are significant injuries that require surgical intervention. Oral medication would not be appropriate since the exposure is external and requires physical removal of the contaminant, rather than systemic treatment. While transport to the hospital may be necessary for further evaluation and treatment, the immediate priority is to irrigate the affected area to prevent further harm from the diesel fuel.

6. For non-COPD patients, what is the appropriate rate of oxygen for a nasal cannula (NC)?

- A. 2-4 LPM**
- B. 4-6 LPM**
- C. 8-10 LPM**
- D. 10-12 LPM**

For non-COPD patients, using a nasal cannula at a flow rate of 4-6 liters per minute (LPM) is appropriate because this range provides an adequate amount of supplemental oxygen while maintaining a comfortable delivery method. At this flow rate, patients can typically receive about 30-40% oxygen concentration, which is sufficient for those who may be hypoxic but do not have chronic obstructive pulmonary disease (COPD) or related conditions that require careful management of oxygen levels. Using higher flow rates, such as those indicated in other choices like 8-10 LPM or 10-12 LPM, can lead to discomfort, nasal dryness, and even oxygen toxicity, which is particularly concerning in patients whose response to oxygen must be strictly managed. The lower range of 2-4 LPM may not provide enough oxygen for individuals in need of more significant support, particularly if they are exhibiting signs of respiratory distress or low oxygen saturation levels. Thus, 4-6 LPM strikes a suitable balance for non-COPD patients who need supplemental oxygen.

7. What does a bold "G" indicate in protocol documentation?

- A. Pediatric section**
- B. Adult section**
- C. Geriatric section**
- D. Emergency section**

In protocol documentation, a bold "G" specifically denotes the geriatric section. This designation is important because it highlights guidelines, considerations, and treatment protocols that are tailored to the unique needs and physiological changes associated with older adults. As the elderly population often presents with different medical issues and responses to treatment compared to younger populations, the protocols in the geriatric section ensure that providers are aware of these nuances. Understanding that this section is labeled with a bold "G" allows healthcare professionals to quickly identify and reference the appropriate protocols when managing geriatric patients, ensuring that they adhere to best practices and provide optimal care.

8. What signifies a full spinal motion restriction is not indicated?

- A. Patient with a GCS of 15 and no pain**
- B. Patient demonstrating neurological deficits**
- C. Patient under the influence of substances**
- D. Patient with a history of falls**

A patient with a GCS (Glasgow Coma Scale) score of 15 is fully alert and oriented, indicating that they are conscious and have no impairment in their cognitive functioning. The absence of pain further supports that there is likely no significant spinal injury or concern requiring spinal motion restriction. In the context of spinal motion restriction protocols, a GCS of 15 along with absence of pain suggests that the risk of exacerbating a potential spine injury is low, thus rendering spinal motion restriction unnecessary. In contrast, patients demonstrating neurological deficits, such as weakness or altered sensation, may have underlying spinal injuries that require immobilization to prevent further injury. Similarly, patients under the influence of substances may not be able to accurately assess their condition, and thus, spinal motion restriction would be indicated as a precaution. Lastly, a history of falls raises the suspicion of potential spinal injuries, particularly in cases where there are additional risk factors present, leading to a more cautious approach that would involve spinal motion restriction.

9. What potential issue can arise when using colorimetric devices with carbonated beverages in the stomach?

- A. They can provide an accurate reading**
- B. They may not detect CO2 levels**
- C. They can give off a false positive result**
- D. They can indicate a cardiac arrest**

When using colorimetric devices with carbonated beverages present in the stomach, a significant potential issue is that these devices can generate a false positive result. Colorimetric devices function by changing color in response to levels of carbon dioxide (CO2) present in a given sample. The presence of carbonated beverages, which are infused with CO2, can interfere with the accuracy of these readings. This bubbling or excess CO2 could lead the device to register a higher level of CO2 than what is actually present from the patient's physiological condition, thus misrepresenting the patient's respiratory status or other health indicators. As a result, a clinician could mistakenly conclude that a serious condition exists or derive an inaccurate assessment of the patient's health. Understanding this interaction is essential for accurate assessment in emergency medical situations, where precise readings are critical for appropriate interventions. This issue highlights the importance of considering the context of the patient's environment and dietary intake when using diagnostic tools.

10. How can an EMT administer Organophosphate/nerve agent antidotes?

- A. By intra-nasal spray**
- B. By auto-injector only**
- C. By oral tablet**
- D. By IV injection only**

The administration of Organophosphate or nerve agent antidotes is primarily done through an auto-injector because this method is designed for rapid delivery of the medication directly into the muscle. The antidotes typically used, such as atropine and pralidoxime, require prompt administration to counteract the effects of nerve agents which inhibit acetylcholinesterase and lead to the accumulation of acetylcholine, resulting in severe symptoms. Auto-injectors ensure that the medication is delivered quickly and efficiently in emergency situations, facilitating a swift response to life-threatening conditions caused by exposure to nerve agents. The design of auto-injectors allows for straightforward use, ensuring that even under stressful circumstances, EMTs can administer the antidote without the need for additional equipment or complex procedures. Other methods of administration, such as intra-nasal spray, oral tablets, or IV injection, do not provide the same immediacy and effectiveness in treating the acute toxicity associated with nerve agents. For instance, oral administration would not be appropriate in an emergency setting where rapid response is crucial. IV injections, while effective, are less practical in situations requiring immediate intervention without additional equipment. Therefore, the auto-injector method is the preferred and standard approach for EMTs dealing with organophosphate or nerve agent exposure.