Kern County Protocols Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. What should be done with a stinger from a bee sting?

- **A. Pull it out with fingers**
- **B. Scrape it out**
- **C. Apply pressure to keep it lodged in**
- **D. Leave it alone**

2. When should CPR NOT be initiated?

- **A. When the patient is apneic and pulseless without signs of prolonged lifelessness**
- **B. When the primary assessment shows a pulseless patient with signs of prolonged lifelessness**
- **C. When there is uncertainty about the patient's history**
- **D. When an AED is ready to use**

3. Which facilities are appropriate for neonatal/OB transport?

- **A. KMC, AHB, BMH, MSW**
- **B. BMH, KMC, Mercy, AHB**
- **C. AHB and KMC**
- **D. Mercy and MSW**

4. What is the appropriate route for administering nitroglycerin in an adult patient with chest pain?

- **A. Intravenous**
- **B. Sublingual**
- **C. Intramuscular**
- **D. Oral**

5. In the case of an unconscious patient with airway obstruction, what is the first step?

- **A. Call for emergency assistance**
- **B. Open airway and position head**
- **C. Perform abdominal thrusts**
- **D. Begin CPR immediately**

6. In trauma cases, what is the first priority according to the Kern County Protocols?

A. Administering medications

B. Ensuring airway patency and controlling bleeding

C. Transporting the patient to the hospital

D. Performing diagnostic imaging

7. What is the initial dose of fentanyl for pain management in ALS burns?

A. 25mcg

B. 50mcg

C. 100mcg

D. 200mcg

8. What characterizes airway obstruction besides inability to speak?

A. A decrease in blood pressure

B. No respiratory tidal volume

C. Elevated heart rate

D. Clear airway sounds

9. What should be done if pulse oximetry is below 94% in an allergic reaction?

A. Transport the patient immediately

B. Administer supplemental oxygen

C. Perform CPR

D. Give epinephrine immediately

10. Which conditions may prolong brain life during transport?

A. Severe dehydration and high fever

B. Drowning, hypothermia, and barbiturate ingestion

C. Severe allergic reactions and cardiac impairment

D. Advanced age and diabetes

Answers

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

Explanations

1. What should be done with a stinger from a bee sting?

A. Pull it out with fingers

B. Scrape it out

C. Apply pressure to keep it lodged in

D. Leave it alone

When dealing with a bee sting, the stinger should be removed promptly to minimize the amount of venom that enters the body. Scraping it out is the recommended method because it allows for the removal of the stinger without squeezing the venom sac, which could release more venom into the skin. Using a fingernail or a flat object like a credit card to scrape the stinger out is effective and helps prevent additional venom exposure, as it avoids applying pressure that could worsen the sting. Other methods, such as pulling it out with fingers, can increase the risk of venom release, while applying pressure to keep it lodged in or leaving it alone can exacerbate the reaction and prolong discomfort. Therefore, scraping the stinger out is the best practice for first aid treatment after a bee sting.

2. When should CPR NOT be initiated?

A. When the patient is apneic and pulseless without signs of prolonged lifelessness

B. When the primary assessment shows a pulseless patient with signs of prolonged lifelessness

C. When there is uncertainty about the patient's history

D. When an AED is ready to use

When determining when CPR should not be initiated, it is crucial to assess the patient's condition comprehensively. In situations where the primary assessment reveals that a patient is pulseless and exhibits signs of prolonged lifelessness, CPR is not indicated. Prolonged lifelessness may include obvious signs such as rigor mortis, lividity, or decomposition, which clearly indicate that the patient has been deceased for a significant period. In such cases, attempting CPR would not be appropriate as it would likely be futile and unnecessary. On the other hand, if a patient is apneic and pulseless but shows no signs of prolonged lifelessness, initiation of CPR would be warranted since there is a potential for resuscitation. Similarly, uncertainty about the patient's history does not negate the need to begin CPR if the immediate assessment indicates life-threatening conditions. Having an AED ready for use supports the need for prompt intervention but does not directly guide the decision to perform CPR in a pulseless state with signs of prolonged lifelessness. Thus, understanding these factors clearly informs when to appropriately withhold resuscitative efforts.

3. Which facilities are appropriate for neonatal/OB transport?

A. KMC, AHB, BMH, MSW

B. BMH, KMC, Mercy, AHB

C. AHB and KMC

D. Mercy and MSW

The answer is appropriate because it includes facilities known for their capabilities in neonatal and obstetric (OB) transport. When considering facilities for such specialized transport, it's essential to select those equipped with the necessary resources, trained personnel, and neonatal intensive care unit (NICU) services, which are paramount for the safe and effective care of newborns and pregnant individuals during transport. BMH (Bakersfield Memorial Hospital) and KMC (Kern Medical Center) have established reputations and facilities that are geared towards handling neonatal cases. Additionally, Mercy Hospital is recognized for its services and ability to address the complexities involved in neonatal and obstetric care, making it a suitable choice for transport scenarios. AHB (Adventist Health Bakersfield) also falls into line as a facility capable of supporting such critical medical needs. In contrast, other choices may include facilities that do not have the full range of specialized services or resources required for safe neonatal and OB transport, making them less appropriate selections for this context.

4. What is the appropriate route for administering nitroglycerin in an adult patient with chest pain?

A. Intravenous

B. Sublingual

C. Intramuscular

D. Oral

The sublingual route is the appropriate method for administering nitroglycerin in an adult patient experiencing chest pain. This method allows the medication to be absorbed quickly into the bloodstream, providing rapid relief from angina pectoris or myocardial ischemia. When nitroglycerin is placed under the tongue, it dissolves and enters the systemic circulation almost immediately, leading to a prompt vasodilatory effect that can alleviate chest pain. While intravenous administration is an option in certain critical care settings, it is less commonly used for routine chest pain management in conscious patients due to the need for specialized skills and equipment. Intramuscular and oral routes are not suitable for nitroglycerin in this situation. The intramuscular route does not provide the rapid effects required for acute chest pain, and the oral route has a slower onset due to the need for the medication to pass through the digestive system before entering circulation. Overall, sublingual administration is the best choice for effective and immediate treatment of acute chest pain.

5. In the case of an unconscious patient with airway obstruction, what is the first step?

A. Call for emergency assistance

B. Open airway and position head

C. Perform abdominal thrusts

D. Begin CPR immediately

In the case of an unconscious patient with airway obstruction, the first step is to open the airway and position the head. This is critical because, with a lack of consciousness, the patient's airway is more likely to become blocked by the tongue or other obstructions. By positioning the head properly, often through the use of the head-tilt, chin-lift maneuver, you can help to clear the airway and allow for better access to any obstruction that may be present. Once the airway is opened, it's essential to assess whether the obstruction is still present. If the airway is open and breathing resumes, no additional steps are necessary at that moment. If the airway remains obstructed, further actions, such as abdominal thrusts or CPR, may become necessary; however, these actions should follow the initial step of ensuring the airway is clear. This approach prioritizes securing the airway, which is fundamental to restoring breathing and overall patient safety.

6. In trauma cases, what is the first priority according to the Kern County Protocols?

A. Administering medications

B. Ensuring airway patency and controlling bleeding

C. Transporting the patient to the hospital

D. Performing diagnostic imaging

In trauma cases, the first priority according to the Kern County Protocols is ensuring airway patency and controlling bleeding. This focus is critical because the immediate survival of a trauma patient often hinges on these two factors. Maintaining airway patency ensures that the patient can breathe properly and receive adequate oxygen, which is vital for preventing hypoxia and maintaining organ function. Simultaneously, controlling bleeding is crucial to prevent hypovolemic shock, which can quickly become life-threatening. Addressing these two elements significantly increases the chances of a positive outcome for the patient. Other options, while important in the overall management of a trauma patient, come after ensuring the airway is clear and bleeding is under control. Administering medications, transporting the patient, and performing diagnostic imaging are all steps that must be prioritized after these initial life-saving measures to ensure the patient's condition is stabilized.

7. What is the initial dose of fentanyl for pain management in ALS burns?

A. 25mcg

B. 50mcg

C. 100mcg

D. 200mcg

The initial dose of 50mcg of fentanyl for pain management in acute burn situations, particularly in Advanced Life Support (ALS), is guided by the need to effectively manage severe pain while considering the physiological response to trauma. Fentanyl is a potent opioid analgesic that provides rapid onset of pain relief, making it suitable for immediate use in burn victims who may be experiencing significant and distressing pain. In the context of ALS protocols, the 50mcg dose is designed to balance efficacy and safety, allowing for the relief of pain without overly sedating the patient or causing unacceptable side effects. This initial dose can be titrated based on the patient's response, ensuring that pain is adequately managed as the situation evolves. Using this starting point helps to maintain a controlled approach to pain management, which is critical in emergency care settings. Considering the other dosing options, while higher doses are available, the initial 50mcg dose is positioned as a prudent starting point under the protocols, providing a basis for further adjustments if necessary based on the patient's ongoing assessment and pain levels.

8. What characterizes airway obstruction besides inability to speak?

A. A decrease in blood pressure

B. No respiratory tidal volume

C. Elevated heart rate

D. Clear airway sounds

Airway obstruction is characterized by the inability to move air effectively in and out of the lungs, which commonly leads to a significant reduction in respiratory tidal volume. Tidal volume refers to the amount of air that is inhaled and exhaled with each breath. In the event of an airway obstruction, the movement of air is severely limited, which can lead to little to no effective inhalation or exhalation, thus resulting in a "no respiratory tidal volume" situation. This condition can lead to hypoxia, where the body struggles to receive adequate oxygen due to the blocked airway. Furthermore, individuals may demonstrate signs of distress, such as being unable to speak, gasping for air, or exhibiting rapid breathing patterns, but the hallmark of airway obstruction is indeed the loss of normal tidal volume due to the blockage. In contrast, other options may present various physiological responses but do not specifically characterize the state of airway obstruction. For instance, elevated heart rate might occur due to the body's response to stress or lack of oxygen, and a decrease in blood pressure is generally not directly related to airway obstruction itself. Clear airway sounds would indicate that air is moving freely, which would not be the case in an obstruction. Therefore, the indicator of "no respiratory

9. What should be done if pulse oximetry is below 94% in an allergic reaction?

A. Transport the patient immediately

B. Administer supplemental oxygen

C. Perform CPR

D. Give epinephrine immediately

When pulse oximetry readings fall below 94% during an allergic reaction, administering supplemental oxygen is the correct response. This level indicates that the patient may not be receiving adequate oxygenation, which can occur due to respiratory compromise commonly associated with allergic reactions, particularly anaphylaxis. Providing supplemental oxygen helps to increase the oxygen saturation levels in the blood, improving tissue oxygenation and potentially stabilizing the patient's condition until further intervention can be provided or transport occurs. In cases of an allergic reaction, particularly if there's concern for airway edema or anaphylaxis, oxygen support is crucial to prevent further complications and support the patient's respiratory function. While immediate transport or epinephrine administration may also be necessary based on the severity of the reaction, the first step in addressing low oxygen saturation is to ensure that the patient is getting sufficient oxygen. The other options, while important in their own contexts, do not specifically address the immediate need created by a low pulse oximetry reading. Administering epinephrine and performing CPR may be critical in unrelated life-threatening scenarios, but in this case, the priority is to provide supplemental oxygen to ensure the patient maintains adequate oxygen levels.

10. Which conditions may prolong brain life during transport?

A. Severe dehydration and high fever

B. Drowning, hypothermia, and barbiturate ingestion

C. Severe allergic reactions and cardiac impairment

D. Advanced age and diabetes

The correct choice highlights conditions that can extend brain viability during transport due to their physiological effects. Drowning and hypothermia are critical conditions that may initiate a protective response in the brain, effectively slowing down its metabolic demands. In cases of drowning, if the body is submerged in cold water, the brain can enter a state of preserved viability as the low temperature can significantly reduce metabolic processes, preventing cell death for a longer duration. Similarly, hypothermia can lead to decreased oxygen consumption by brain cells, allowing more time for potential recovery without irreversible damage. Barbiturate ingestion poses an interesting case as these drugs have a sedative effect, which similarly reduces the brain's metabolic rate. This process can delay the onset of brain death by minimizing the neurometabolic activities and providing a window for effective intervention during transport. In contrast, the other options present conditions that do not have the same protective effects on brain functioning. Conditions like severe dehydration and high fever increase metabolic rates and the demand for oxygen, while severe allergic reactions and cardiac impairment can lead to further complications that compromise brain viability. Lastly, advanced age and diabetes could imply a state of reduced cerebral perfusion or pre-existing vascular issues, which are not conducive for prolonging brain life during transport.