Maryland EMT Protocols Practice Test (Sample)

Study Guide

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Questions

1. **Why is it important to provide a clinical impression during the radio report?**

   A. To establish the patient's identity

   B. To inform the receiving hospital's preparation level

   C. To document the patient's insurance information

   D. To determine the transport protocol

2. **What should a responder check for when assessing a traumatic brain injury?**

   A. Vital signs only

   B. Pupil response and posturing

   C. Level of hydration

   D. Body temperature only

3. **Which of the following is not a priority designation for patients?**

   A. Priority One

   B. Priority Five

   C. Priority Two

   D. Priority Three

4. **What symptom is a characteristic of heat stroke?**

   A. Moist, cool skin

   B. Normal body temperature

   C. Hot, dry skin

   D. Mild cramping

5. **What dosage should be given to pediatric patients that weigh greater than 50 kg?**

   A. Half the adult dosage

   B. Pediatric dosage

   C. Adult dosage

   D. Double the adult dosage

6. What score is assigned for inappropriate words regarding verbal response?

A. 1

B. 2

C. 3

D. 4

7. What should be observed when caring for a patient in a behavioral emergency according to the SAFER model?

A. Focus solely on the medical history

B. Only analyze environmental factors

C. Assess the situation before taking action

D. Gather witness statements

8. During pediatric CPR, how should breaths be given?

A. Quickly and forcefully

B. Sweetly and slowly

C. Gently and smoothly

D. Hard and fast

9. What form of croup does a pediatric patient with a barky cough and stridor at rest without agitation have, and what is their priority level?

A. Mild croup, Priority 1

B. Severe croup, Priority 2

C. Moderate croup, Priority 2

D. Severe croup, Priority 1

10. For a patient with pulmonary edema or CHF, what is the first recommended action?

A. Place them in a supine position

B. Place them in the high Fowlers position

C. Administer oxygen immediately

D. Call for advanced medical support

Answers

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

Explanations

1. Why is it important to provide a clinical impression during the radio report?

A. To establish the patient's identity

B. To inform the receiving hospital's preparation level

C. To document the patient's insurance information

D. To determine the transport protocol

Providing a clinical impression during the radio report is crucial because it directly informs the receiving hospital about the patient's condition and potential needs upon arrival. This information allows the hospital to adequately prepare for the patient, ensuring that the appropriate resources, such as staff, equipment, and readiness for specific interventions, are available. When the receiving facility is aware of the patient's clinical status, they can optimize their response, improve treatment outcomes, and enhance overall patient care. The importance of this communication cannot be overstated, as it establishes a seamless link between pre-hospital care and in-hospital care. Being well-prepared also helps in minimizing delays that could impact patient outcomes. In contrast, options focusing on patient identity, insurance details, or transport protocols do not provide the same immediate benefit to patient care or hospital readiness. While those factors are relevant in different contexts, they do not contribute directly to the urgency and specificity required in the clinical setting communicated through the radio report.

2. What should a responder check for when assessing a traumatic brain injury?

A. Vital signs only

B. Pupil response and posturing

C. Level of hydration

D. Body temperature only

When assessing a traumatic brain injury (TBI), it is crucial to evaluate the pupil response and posturing. The pupils can provide vital information about the brain's functioning; for example, unequal or nonreactive pupils can indicate increased intracranial pressure or a neurological deficit. Additionally, assessing posturing (such as decerebrate or decorticate posturing) can help identify the severity of the brain injury and the patient's level of brain function. These assessments are part of a comprehensive neurological evaluation that can guide treatment and transport decisions. Other factors such as vital signs, hydration, and body temperature are important in a complete patient assessment but are not as directly indicative of brain injury severity as pupil response and posturing. Vital signs can signal overall physiological status, and changes in hydration or temperature may indicate secondary issues rather than specific brain function impairment. Thus, focusing on pupil response and posturing provides the most immediate and relevant information for assessing a traumatic brain injury.

3. Which of the following is not a priority designation for patients?

A. Priority One

B. Priority Five

C. Priority Two

D. Priority Three

In the context of patient triage, priority designations are used to categorize patients based on the urgency of their medical needs. This system typically includes recognized categories such as Priority One, Priority Two, and Priority Three, which indicate varying levels of urgency, with Priority One representing the most critical cases that require immediate attention. Priority Five does not exist in the standard triage system, which is why it is the correct choice here. This designation could potentially cause confusion or miscommunication among medical personnel, as it is not part of the established framework used for assessing patient priority in emergency situations. Understanding the established triage categories helps ensure that patients receive appropriate and timely care based on the severity of their conditions, improving outcomes in emergency medical services.

4. What symptom is a characteristic of heat stroke?

A. Moist, cool skin

B. Normal body temperature

C. Hot, dry skin

D. Mild cramping

Hot, dry skin is a hallmark symptom of heat stroke. This occurs because, during heat stroke, the body's temperature regulation mechanisms fail due to excessive heat exposure or strenuous physical activity in hot conditions. The body can no longer effectively sweat to cool itself, leading to an elevated core temperature, often exceeding 104°F (40°C). As a result, the skin often becomes hot to the touch and dries out, as sweating significantly diminishes or ceases altogether. In contrast, moist, cool skin is typically associated with heat exhaustion, where sweating is still occurring but the body is struggling to cope with heat. Normal body temperature would not indicate heat stroke, as the condition is characterized by dangerously high temperatures. Mild cramping can precede more severe conditions like heat exhaustion and heat stroke but is not a definitive symptom of heat stroke itself.

5. What dosage should be given to pediatric patients that weigh greater than 50 kg?

A. Half the adult dosage

B. Pediatric dosage

C. Adult dosage

D. Double the adult dosage

In the context of administering medications to pediatric patients, the standard guideline is that once a child weighs greater than 50 kg, they can be treated with adult dosages of medications. This is based on the understanding that at this weight, their physiological and metabolic responses are more akin to those of an adult than a child. Therefore, for children over 50 kg, the appropriate approach is to use the adult dosage to ensure effective and safe treatment. Utilizing adult dosages helps in achieving the desired therapeutic effects, as lower dosages designed for younger children may not be effective for those who have surpassed the weight threshold. This principle is integral to ensuring that pediatric patients receive the appropriate treatment while considering their specific health requirements.

6. What score is assigned for inappropriate words regarding verbal response?

A. 1

B. 2

C. 3

D. 4

In the context of assessing verbal response in the Maryland EMT Protocols, a score of 3 is assigned when a patient exhibits inappropriate words. This score indicates that the patient's speech is not coherent or appropriate to the situation. Instead of expressing clear thoughts, they may be using random or irrelevant words that do not convey proper communication, which can suggest a level of confusion or disorientation. Scoring systems like this are often used to help categorize levels of consciousness or responsiveness in patients, which is critical for EMTs in determining the severity of a patient's condition and guiding appropriate treatment decisions. Understanding these scores is essential for effective patient assessment during emergencies.

7. What should be observed when caring for a patient in a behavioral emergency according to the SAFER model?

A. Focus solely on the medical history

B. Only analyze environmental factors

C. Assess the situation before taking action

D. Gather witness statements

In a behavioral emergency, it is crucial to assess the situation before taking any action, which is a key component of the SAFER model. This model emphasizes the importance of understanding the context in which the emergency is occurring to ensure the safety of both the patient and the responder. By assessing the situation first, the EMT can gauge the patient's behavior, identify any immediate risks to safety, and determine appropriate interventions. Understanding the overall circumstances—including the patient's condition, potential triggers for their behavior, and the environment—is vital for making informed decisions. This careful assessment enables responders to approach the situation more effectively, ensuring they employ the appropriate techniques and interventions tailored to the specific circumstances while minimizing additional stress for the patient and bystanders. Focusing solely on medical history, analyzing environmental factors in isolation, or gathering witness statements without first assessing the situation would neglect the comprehensive understanding needed to manage behavioral emergencies effectively. This approach can lead to missed cues and could compromise the safety and efficacy of the care provided.

8. During pediatric CPR, how should breaths be given?

A. Quickly and forcefully

B. Sweetly and slowly

C. Gently and smoothly

D. Hard and fast

In pediatric CPR, breaths should be given gently and smoothly. This approach is essential because children, especially infants, are more sensitive than adults. Their airways are narrower and can be easily damaged or obstructed if breaths are delivered too forcefully. By administering breaths gently, you ensure that you are providing enough air without causing harm or distress. Additionally, being smooth with the breaths helps maintain a calm environment, which is crucial in emergency situations involving children. The goal is to provide effective ventilation while minimizing the risk of complications, such as barotrauma, which can result from forceful ventilation techniques. This method aligns with the developmental needs of pediatric patients, recognizing their smaller lung capacity and unique physiological responses during resuscitation.

9. What form of croup does a pediatric patient with a barky cough and stridor at rest without agitation have, and what is their priority level?

A. Mild croup, Priority 1

B. Severe croup, Priority 2

C. Moderate croup, Priority 2

D. Severe croup, Priority 1

A pediatric patient exhibiting a barky cough and stridor at rest, without signs of agitation, typically presents with moderate croup. In the classification of croup severity, moderate croup is characterized by the presence of stridor during rest and a tendency for the patient to appear less anxious or agitated compared to those with severe croup. This classification is important for guiding treatment decisions and prioritizing patient care. Stridor at rest indicates a more serious condition than mild croup, which usually presents with a barky cough and stridor only when the child is agitated or crying. In the case of moderate croup, while urgent intervention may be necessary, it does not require the immediate critical-level response associated with severe croup, where there could be significant respiratory distress and a risk of airway obstruction. Thus, recognizing this distinction and identifying it as moderate croup, classified as Priority 2, ensures that the patient receives timely yet appropriately scaled care based on their condition.

10. For a patient with pulmonary edema or CHF, what is the first recommended action?

A. Place them in a supine position

B. Place them in the high Fowlers position

C. Administer oxygen immediately

D. Call for advanced medical support

For a patient experiencing pulmonary edema or congestive heart failure (CHF), placing them in the high Fowler's position is the recommended first action. This position involves sitting the patient upright and at a sharp angle, which helps alleviate shortness of breath by allowing for better lung expansion and reducing the workload on the heart. In this position, gravity assists in reducing venous return to the heart, which can help decrease the interstitial fluid overload that characterizes pulmonary edema. By doing so, it can improve oxygenation and comfort levels for the patient, enabling them to breathe more easily until further intervention can be provided. The other choices may be part of a comprehensive treatment plan but are not the initial priority for immediate patient care in this scenario. Administering oxygen may be necessary, but the patient's position should be optimized first to maximize the efficacy of oxygen delivery and improve respiratory mechanics. Calling for advanced medical support is always a good practice, but managing the patient's immediate condition takes precedence, and the supine position can exacerbate breathing difficulties in such cases.