Ontario Paramedic Practice Exam (Sample)

Study Guide

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Questions

1. Which is the most important contraindication for taking Acetaminophen?

A. Active vomiting

B. Use within 6 hours

C. Suspected Ischemic Chest Pain

D. Known liver disease

2. What additional action should be taken if a patient has a shockable rhythm after ROSC?

A. Administer antiarrhythmic medication

B. Continue chest compressions

C. Provide rapid transport to a cardiac facility

D. Be prepared to defibrillate as needed

3. What are the parameters of hypoglycemia in both adult and pediatric patients?

A. ≤3.0mmol for less than 2 years and ≤4.0mmol for equal to and above 2 years

B. ≤5.0mmol for less than 3 years and ≤6.0mmol for equal to and above 3 years

C. ≤2.0mmol for less than 1 year and ≤3.0mmol for equal to and above 1 year

D. ≤4.0mmol for less than 4 years and ≤5.0mmol for equal to and above 4 years

4. Describe the role of a paramedic in the community.

A. Only to transport patients to hospitals

B. To provide emergency care, education, and health promotion

C. To perform routine check-ups and vaccinations

D. To provide legal advice in medical emergencies

5. What are the indications of initializing a medical TOR?

A. Equal to or over 30 days

B. Altered Level of Awareness

C. No obvious ROSC

D. Arrest not witnessed by EMS

6. When should the jaw-thrust maneuver be utilized?

- **A. In cases of respiratory distress**
- **B. When a spinal injury is suspected**
- **C. For unconscious patients only**
- **D. During CPR only**

7. What does the 'A' in the FAST acronym stand for?

- **A. Arm weakness**
- **B. Advanced alertness**
- **C. Arrhythmia**
- **D. Assessment**

8. True or False: Urticaria alone can be considered an anaphylactic reaction when a patient is exposed to a probable allergen?

- **A. True**
- **B. False**

9. Which of the following scenarios would require immediate rescue and transport?

- **A. A patient with a sprained ankle**
- **B. A patient with altered mental status and unstable vital signs**
- **C. A patient with a superficial cut**
- **D. A patient with controlled diabetes**

10. What is the primary treatment for a patient experiencing hypovolemic shock?

- **A. Medications**
- **B. Surgery**
- **C. Fluid resuscitation**
- **D. Oxygen therapy**

Answers

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

Explanations

1. Which is the most important contraindication for taking Acetaminophen?

A. Active vomiting

B. Use within 6 hours

C. Suspected Ischemic Chest Pain

D. Known liver disease

Taking acetaminophen is contraindicated in individuals with known liver disease due to the potential for liver toxicity. Acetaminophen is metabolized primarily in the liver, and if the liver function is compromised, the drug can accumulate and lead to hepatotoxicity. Patients with existing liver conditions are at higher risk for serious side effects because their ability to process medications is impaired. Active vomiting, use within 6 hours, and suspected ischemic chest pain are situations that might require caution, but they do not outright contraindicate the use of acetaminophen like liver disease does. In the case of active vomiting, there might be concerns about absorption, yet it does not preclude the use of acetaminophen entirely. Similarly, taking acetaminophen within a 6-hour window post-dosing can be monitored, while suspected ischemic chest pain would require a different assessment focused on the cardiac issue rather than a specific concern over acetaminophen use.

2. What additional action should be taken if a patient has a shockable rhythm after ROSC?

A. Administer antiarrhythmic medication

B. Continue chest compressions

C. Provide rapid transport to a cardiac facility

D. Be prepared to defibrillate as needed

If a patient has a shockable rhythm after ROSC, it is important to be prepared to defibrillate as needed in case the heart goes into cardiac arrest again. Continuing chest compressions is important to maintain adequate blood flow, but the potential threat of cardiac arrest must also be addressed. Administering antiarrhythmic medication or providing rapid transport to a cardiac facility may be necessary depending on the situation, but they are not the immediate and primary action to take for a shockable rhythm after ROSC. Therefore, the best answer is to be prepared to defibrillate as needed.

3. What are the parameters of hypoglycemia in both adult and pediatric patients?

A. ≤3.0mmol for less than 2 years and ≤4.0mmol for equal to and above 2 years

B. ≤5.0mmol for less than 3 years and ≤6.0mmol for equal to and above 3 years

C. ≤2.0mmol for less than 1 year and ≤3.0mmol for equal to and above 1 year

D. ≤4.0mmol for less than 4 years and ≤5.0mmol for equal to and above 4 years

The parameters of hypoglycemia in both adult and pediatric patients are important to understand in order to properly monitor and manage blood sugar levels. Option A is correct because it states that for patients less than 2 years old, a blood sugar level of 3.0mmol or lower is considered hypoglycemia, and for patients 2 years and above, a level of 4.0mmol or lower is considered hypoglycemia. This accurately reflects the lower threshold for hypoglycemia in younger pediatric patients compared to adults. The other options are incorrect because they either have incorrect cutoff values or they apply to different age groups, making them less relevant to the question being asked. Option B, for example, focuses on patients less than 3 years and 3 years and above, which does not align with the question which includes both adult and pediatric patients. Option C includes a lower cutoff value for patients less than 1 year old, which is inconsistent with other sources and can lead to confusion. Option D also has inconsistent cutoff values and only applies to patients less than 4 years old, which does not cover the full age range mentioned in the question. Therefore, option A is the only

4. Describe the role of a paramedic in the community.

A. Only to transport patients to hospitals

B. To provide emergency care, education, and health promotion

C. To perform routine check-ups and vaccinations

D. To provide legal advice in medical emergencies

The role of a paramedic in the community extends beyond merely transporting patients to hospitals. Paramedics are trained to provide emergency medical care on the scene, which includes assessment, treatment, and stabilization of patients prior to transport. They are often the first healthcare providers to respond in emergencies, making their role critical in life-saving situations. Additionally, paramedics engage in health promotion and education within the community. They often conduct public awareness campaigns on topics such as injury prevention, CPR training, and the use of automated external defibrillators (AEDs). This community involvement helps to foster a healthier environment and empowers individuals with knowledge about health and wellness. Routine check-ups and vaccinations are typically performed by primary care providers rather than paramedics, as such tasks fall outside their scope of practice, which focuses more on emergency medical situations. Likewise, providing legal advice is not within the paramedic's training or responsibilities, as their expertise lies in medical care and not legal matters. Thus, the comprehensive role of a paramedic in the community encompasses emergency care, education, and health promotion, making the chosen answer the most accurate representation of their responsibilities.

5. What are the indications of initializing a medical TOR?

A. Equal to or over 30 days

B. Altered Level of Awareness

C. No obvious ROSC

D. Arrest not witnessed by EMS

The correct choice regarding the indications for initiating a medical termination of resuscitation (TOR) lies in the uniqueness of the arrest not being witnessed by Emergency Medical Services (EMS). When a cardiac arrest occurs and is not witnessed by EMS personnel, it suggests that there may be a lower likelihood of achieving a favorable outcome through resuscitation efforts. This guideline is based on studies indicating that when EMS arrives after an unwitnessed arrest, the prospects of survival and meaningful recovery decrease significantly, particularly if certain other criteria are not met during resuscitation attempts. In contrast, scenarios such as having an altered level of awareness or no obvious return of spontaneous circulation (ROSC) may be involved in the decision-making process but do not strictly by themselves constitute indications for a termination of resuscitation. Observations like these can prompt further investigation or continued resuscitation efforts depending on the clinical judgment of the paramedics and existing protocols. Being equal to or over 30 days is not typically relevant to the immediate decisions surrounding initialization of a medical TOR, as it does not pertain to the specific circumstances of the cardiac arrest event at hand.

6. When should the jaw-thrust maneuver be utilized?

A. In cases of respiratory distress

B. When a spinal injury is suspected

C. For unconscious patients only

D. During CPR only

The jaw-thrust maneuver is specifically designed to open the airway of a patient, especially in situations where a spinal injury is suspected. This technique minimizes neck movement, which is crucial because improper handling could exacerbate a potential spinal cord injury. By using the jaw-thrust maneuver, responders can maintain airway patency without compromising the cervical spine, making it the preferred approach in such scenarios. This maneuver is particularly useful in unconscious patients as well, but it is not limited strictly to them, which is why the other options don't effectively define the primary reason for its application. The jaw-thrust is not specifically indicated for cases of respiratory distress or during CPR, as those situations may utilize different airway management techniques and maneuvers.

7. What does the 'A' in the FAST acronym stand for?

A. Arm weakness

B. Advanced alertness

C. Arrhythmia

D. Assessment

The 'A' in the FAST acronym stands for "Arm weakness." This acronym is commonly used in the context of recognizing the signs of a stroke. Each component of the acronym helps identify potential stroke symptoms, which can be critical for prompt treatment and minimizing potential brain damage. In the case of "Arm weakness," it specifically refers to the loss of strength or coordination in one arm, which may be indicated by the inability to raise both arms evenly. This is a significant symptom because strokes often affect one side of the body, leading to noticeable differences in strength or function. Understanding the FAST acronym—which also includes Facial drooping, Speech difficulties, and Time to call emergency services—enables individuals and first responders to quickly identify and respond to a potential stroke, improving patient outcomes through timely medical intervention.

8. True or False: Urticaria alone can be considered an anaphylactic reaction when a patient is exposed to a probable allergen?

A. True

B. False

Urticaria alone is not considered an anaphylactic reaction. Anaphylactic reactions typically involve more severe symptoms such as difficulty breathing, swelling of the throat and tongue, and low blood pressure. Urticaria, also known as hives, is a type of skin rash that is usually an allergic reaction, but it is not necessarily indicative of anaphylaxis. Therefore, the statement is false.

9. Which of the following scenarios would require immediate rescue and transport?

A. A patient with a sprained ankle

B. A patient with altered mental status and unstable vital signs

C. A patient with a superficial cut

D. A patient with controlled diabetes

The scenario involving a patient with altered mental status and unstable vital signs necessitates immediate rescue and transport due to the severity of the condition. Altered mental status could indicate a wide range of critical issues such as a stroke, head injury, severe metabolic disturbance, or other life-threatening situations. When coupled with unstable vital signs—indicating potential cardiovascular compromise, respiratory distress, or neurological deterioration—the patient requires urgent medical assessment and intervention. Timely transport to an appropriate medical facility is crucial for this patient because their condition can rapidly worsen without immediate care. Delaying treatment in cases of altered mental status may lead to irreversible complications or even loss of life. This prioritization aligns with paramedic protocols to ensure high-risk patients receive the necessary medical attention promptly. In contrast, the other scenarios—such as a sprained ankle, superficial cut, or controlled diabetes—are generally less critical and may not require immediate transport, as they are typically manageable with appropriate first aid or outpatient care.

10. What is the primary treatment for a patient experiencing hypovolemic shock?

A. Medications

B. Surgery

C. Fluid resuscitation

D. Oxygen therapy

The primary treatment for a patient experiencing hypovolemic shock focuses on addressing the underlying issue of inadequate blood volume. Fluid resuscitation is crucial because hypovolemic shock is typically caused by significant fluid loss, such as from hemorrhage, dehydration, or severe burns. By administering intravenous fluids, the goal is to restore circulating blood volume, improve tissue perfusion, and stabilize the patient's hemodynamic status. This method effectively increases venous return to the heart, enhances stroke volume, and ultimately boosts cardiac output. These improvements are vital for ensuring adequate oxygen delivery to tissues, thereby mitigating the dangerous effects of shock. While medications, surgery, and oxygen therapy may play supportive roles in the management of a patient in shock, they do not address the critical need for restoring blood volume as effectively as fluid resuscitation does. Medications may help support blood pressure or control symptoms, and surgery may become necessary in cases of internal bleeding, but without initial fluid resuscitation, the patient's condition can rapidly deteriorate. Additionally, oxygen therapy can be beneficial for improving tissue oxygenation, but it cannot resolve the fundamental issue of volume depletion that characterizes hypovolemic shock.