

Platinum OB/Pediatrics EMT Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. What is a common symptom of severe abdominal pain during pregnancy?**
 - A. Normal fetal movement**
 - B. Painful vaginal bleeding**
 - C. Excessive weight gain**
 - D. Frequent urination**
- 2. What are signs of imminent delivery?**
 - A. Cramps and dizziness**
 - B. Crowning, strong contractions, urge to push**
 - C. Fluid leakage and early contractions**
 - D. Shortness of breath and back pain**
- 3. How should a provider handle a newborn still in the amniotic sac?**
 - A. Wait for the sac to break on its own**
 - B. Pull the sac away from the newborn**
 - C. Gently tear the sac open**
 - D. Use scissors to cut the sac**
- 4. What should an EMT prioritize when dealing with a patient in labor?**
 - A. Communication with Family Only**
 - B. Privacy and Dignity**
 - C. Documenting Everything**
 - D. Evaluating the Need for Transport**
- 5. Which term describes a normal sign of early labor due to the release of the mucus plug from the cervix?**
 - A. Amniotic fluid**
 - B. Bloody show**
 - C. Placental abruption**
 - D. False labor**

- 6. What is the recommended first action for treating shock in a patient?**
- A. Cool the patient down**
 - B. Provide high flow oxygen**
 - C. Warm the patient**
 - D. Administer medication**
- 7. What is considered an abnormal delivery presentation?**
- A. Breach presentation**
 - B. Head first delivery**
 - C. Vertex position**
 - D. Transverse position**
- 8. What is the recommended position for a child with respiratory distress due to croup?**
- A. Supine**
 - B. Upright**
 - C. Side-lying**
 - D. Prone**
- 9. Which condition is a common cause of altered mental status (AMS) that EMS providers should test for?**
- A. Hypokalemia**
 - B. Hypoglycemia**
 - C. Hyperthyroidism**
 - D. Hyperventilation**
- 10. What type of assessment involves examining with hands during a primary trauma assessment?**
- A. Auscultation**
 - B. Palpation**
 - C. Inspection**
 - D. Percussion**

Answers

SAMPLE

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

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Explanations

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1. What is a common symptom of severe abdominal pain during pregnancy?

- A. Normal fetal movement
- B. Painful vaginal bleeding**
- C. Excessive weight gain
- D. Frequent urination

Painful vaginal bleeding is an important symptom to recognize in cases of severe abdominal pain during pregnancy. This symptom can be indicative of serious complications such as placental abruption, miscarriage, or ectopic pregnancy, all of which pose significant risks to both the mother and the fetus. In conjunction with severe abdominal pain, painful vaginal bleeding can signal the need for immediate medical evaluation and intervention, as these situations require urgent care to ensure the safety and health of both the mother and the child. Other symptoms, such as normal fetal movement, excessive weight gain, and frequent urination, are generally not associated with severe abdominal pain in pregnancy and do not necessarily indicate a medical emergency. Normal fetal movement is typically a reassuring sign, excessive weight gain may result from normal pregnancy changes, and frequent urination is common due to increased pressure on the bladder, especially as the pregnancy progresses. Therefore, painful vaginal bleeding stands out as a critical symptom that warrants immediate attention when experienced alongside severe abdominal pain.

2. What are signs of imminent delivery?

- A. Cramps and dizziness
- B. Crowning, strong contractions, urge to push**
- C. Fluid leakage and early contractions
- D. Shortness of breath and back pain

Signs of imminent delivery are critical indicators that a baby is about to be born. The presence of crowning, strong contractions, and the urge to push are key signs indicating that delivery is imminent. Crowning occurs when the baby's head begins to emerge from the vaginal opening, which clearly signifies that delivery is occurring very soon. Strong contractions demonstrate that the uterus is actively working to help push the baby out, and they typically become more frequent and intense as delivery approaches. The intense urge to push is a natural reflex that indicates that the birth canal is preparing for expulsion of the baby. When these signs are present, immediate medical assistance is required as the delivery process is underway. In contrast, other options may indicate labor or discomfort but do not specifically indicate that delivery is imminent. For instance, cramps and dizziness may suggest early labor or other complications, but they do not show that delivery is about to happen. Fluid leakage and early contractions can occur in pre-labor stages and do not guarantee that delivery is imminent. Shortness of breath and back pain can be associated with pregnancy but are not specific signs of imminent delivery. Understanding these distinctions is crucial for recognizing when urgent action is necessary in an obstetric emergency.

3. How should a provider handle a newborn still in the amniotic sac?

- A. Wait for the sac to break on its own**
- B. Pull the sac away from the newborn**
- C. Gently tear the sac open**
- D. Use scissors to cut the sac**

When a newborn is still in the amniotic sac, the appropriate response is to gently tear the sac open. This action allows for the immediate release of the baby, ensuring that they can breathe air rather than being confined in the fluid-filled membrane. The goal is to facilitate a smooth transition for the newborn from a protected uterine environment to the outside world. Tearing the sac gently ensures minimal trauma to the newborn and supports a swift delivery. This technique helps prevent complications that could arise if the baby were left in the sac for too long, such as aspiration of amniotic fluid. Waiting for the sac to break on its own might delay the delivery process, which could lead to potential risks for the newborn. Pulling the sac away from the newborn could cause unnecessary stress or injury, and using scissors to cut the sac is generally not advised in this context, as it may pose risks like cutting the newborn or causing further complications. Therefore, gently tearing the sac open is the safest and most appropriate action to take.

4. What should an EMT prioritize when dealing with a patient in labor?

- A. Communication with Family Only**
- B. Privacy and Dignity**
- C. Documenting Everything**
- D. Evaluating the Need for Transport**

When dealing with a patient in labor, prioritizing privacy and dignity is crucial for several reasons. Labor can be an intensely personal and vulnerable experience, and maintaining the patient's privacy helps to foster a sense of safety and respect. This is especially important when working in a public or emergency setting where other people may be present. Ensuring privacy not only supports the patient's emotional and psychological well-being but also can help in building rapport and trust. This in turn may facilitate better communication and cooperation from the patient, which can be advantageous during the labor process and any subsequent procedures. While communication with family is also important, it should not overshadow the need for the patient to feel secure and respected in her environment. Documenting everything is vital for medical records, but it should not take precedence during the immediate care of the laboring patient. Evaluating the need for transport is a critical aspect of emergency care, but it comes after ensuring that the patient is in a safe and dignified environment during the labor process. Thus, focusing on privacy and dignity aligns best with the immediate needs of the patient in labor.

5. Which term describes a normal sign of early labor due to the release of the mucus plug from the cervix?

- A. Amniotic fluid**
- B. Bloody show**
- C. Placental abruption**
- D. False labor**

The term that describes a normal sign of early labor due to the release of the mucus plug from the cervix is "bloody show." This term refers to the blood-tinged mucus that can be expelled from the cervical canal as the body prepares for labor. The mucus plug serves to seal the cervix during pregnancy, protecting the uterus from infection. When the cervix begins to efface and dilate in preparation for childbirth, the mucus plug is expelled, and the accompanying blood can indicate that the body is undergoing changes associated with the onset of labor. The presence of a bloody show is significant as it often indicates that labor may start soon, although it does not always mean labor will begin immediately. Understanding this phenomenon is crucial for healthcare providers and expectant mothers, as it helps in recognizing early signs of labor and determining when to seek further medical attention.

6. What is the recommended first action for treating shock in a patient?

- A. Cool the patient down**
- B. Provide high flow oxygen**
- C. Warm the patient**
- D. Administer medication**

To effectively treat shock in a patient, the recommended first action is to warm the patient. Shock often leads to a decrease in blood flow and oxygen delivery to vital organs, causing the body's temperature to drop. Keeping the patient warm helps to combat this effect by maintaining core body temperature, which is crucial for metabolic processes and overall physiological function. Warming the patient can help prevent further complications associated with hypothermia, which can exacerbate the shock state. This approach is particularly important because cold temperatures can worsen vasoconstriction, potentially compromising circulation to the organs even further. Maintaining normothermia is an essential component of supportive care in a shocked patient. While administering high flow oxygen and medication are also important in managing shock, these actions typically follow addressing the patient's temperature. Providing warmth is often the immediate step that can stabilize the patient's condition while other treatments are being prepared or initiated.

7. What is considered an abnormal delivery presentation?

A. Breach presentation

B. Head first delivery

C. Vertex position

D. Transverse position

An abnormal delivery presentation refers to any positioning of the fetus during birth that deviates from the expected head-down (vertex) position, which is the most common and conducive for a safe delivery. In the case of breach presentation, the fetus is positioned with its buttocks or feet aimed toward the birth canal instead of the head. This position poses challenges for delivery, often increasing the risk of complications for both the mother and the baby, such as cord prolapse or injury to the fetus. Therefore, breach presentation is classified as an abnormal delivery presentation. Other positions, such as head first (which is the standard presentation) and vertex position (a specific type of head first delivery where the crown of the head presents first) are considered normal. Transverse position, where the fetus lies sideways across the uterus, is also abnormal but is not the answer to the question since breach specifically emphasizes the feet or buttocks being presented. While transverse presentations are abnormal, breach is distinctly defined as the method of delivery being performed incorrectly according to standard practice, thus making it an observable term in obstetrical presentations.

8. What is the recommended position for a child with respiratory distress due to croup?

A. Supine

B. Upright

C. Side-lying

D. Prone

The recommended position for a child experiencing respiratory distress due to croup is upright. When a child is in an upright position, it helps facilitate better airflow and makes breathing easier. This position can also help reduce anxiety, which can exacerbate breathing difficulties. Croup commonly causes swelling in the airway, leading to a characteristic barking cough and stridor. By sitting the child up, you can help ease the pressure on the airway and allow gravity to assist in keeping the airway open. This positioning can also aid in the parent's ability to monitor the child's condition and intervene promptly if necessary. In contrast, lying supine can increase airway resistance and make breathing more difficult for a child with croup. The side-lying or prone positions may not provide the same benefits in terms of airway management as the upright position does.

9. Which condition is a common cause of altered mental status (AMS) that EMS providers should test for?

- A. Hypokalemia**
- B. Hypoglycemia**
- C. Hyperthyroidism**
- D. Hyperventilation**

Hypoglycemia is a critical condition that can lead to altered mental status (AMS) and is commonly encountered by EMS providers. It occurs when the blood glucose levels drop below normal, which can affect brain function since glucose is a primary energy source for the brain. Symptoms of hypoglycemia can range from mild confusion and dizziness to severe reactions like delirium, seizures, or even coma, making quick identification paramount in emergency situations. Testing for hypoglycemia typically involves assessing blood glucose levels using a glucometer, and it is straightforward to address—often requiring the administration of glucose or sugary food to rapidly elevate blood sugar. Recognizing and treating hypoglycemia promptly is essential because it can be reversed with timely intervention, significantly improving patient outcomes. In contrast, while other conditions like hypokalemia, hyperthyroidism, and hyperventilation can lead to altered mental status, they are less commonly seen in the immediate EMS environment as primary causes of AMS. Hypokalemia, for instance, is more often associated with chronic medical conditions or prolonged use of certain diuretics. Hyperthyroidism, although it can have various effects on mental and physical health, typically does not present acutely as a primary cause of AMS. Hyperventilation usually leads to symptoms

10. What type of assessment involves examining with hands during a primary trauma assessment?

- A. Auscultation**
- B. Palpation**
- C. Inspection**
- D. Percussion**

Palpation is a crucial part of a primary trauma assessment where a clinician uses their hands to feel for abnormalities, tenderness, or injuries on the patient's body. This hands-on technique allows the examiner to gather essential information about the patient's condition. By applying pressure to certain areas, the healthcare provider can identify a range of issues, such as fractures, organ enlargement, or areas of pain that might not be as evident through visual inspection alone. During the primary trauma assessment, palpation can help guide further decisions about the patient's care, highlighting the need for immediate interventions or the urgency of transport to a medical facility. This tactile assessment complements other methods, such as inspection, where visual cues are gathered, but it adds a deeper layer of understanding to the physical examination results.