

EMT

Chapter 11 Review

1. Brain damage is *very likely* in a brain that does not receive oxygen for:
 - A. 0–1 minutes.
 - B. 0–4 minutes.
 - C. 4–6 minutes.
 - D. 6–10 minutes.

Answer: D

Rationale: Permanent brain damage is very likely if the brain is without oxygen for 6 minutes or longer. After 10 minutes without oxygen, irreversible brain damage is likely.

1. Brain damage is very likely in a brain that does not receive oxygen for:

A. 0–1 minutes.

Rationale: Cardiac irritability ensues at this stage.

B. 0–4 minutes.

Rationale: Brain damage is not likely at this stage.

C. 4–6 minutes.

Rationale: Brain damage is *possible* at this stage, but not *likely*.

D. 6–10 minutes.

Rationale: Correct answer

2. Which of the following sequences of events describes the AHA's chain of survival?
- A. Early access, early advanced care, early CPR, early defibrillation
 - B. Early advanced care, early defibrillation, early CPR, early access
 - C. Early access, early CPR, early defibrillation, early advanced care
 - D. Early access, early riser, early CPR, early advanced care

Answer: C

Rationale: The AHA has determined an ideal sequence of events that if taken can improve the chance of successful resuscitation of a patient who has an occurrence of sudden cardiac arrest: early access, early CPR, early defibrillation, early advanced care. If any one of the links in the chain is absent, the patient is more likely to die.

2. Which of the following sequences of events describes the AHA's chain of survival?

A. Early access, early advanced care, early CPR, early defibrillation

Rationale: Early CPR and defibrillation come before advanced care.

B. Early advanced care, early defibrillation, early CPR, early access

Rationale: Chain is completely backwards.

2. Which of the following sequences of events describes the AHA's chain of survival?

C. Early access, early CPR, early defibrillation, early advanced care

Rationale: Correct answer

D. Early access, early riser, early CPR, early advanced care

Rationale: Early riser is not in the chain of events.

3. For CPR to be effective, the patient must be on a firm surface, lying in the _____ position.

A. Fowler's

B. prone

C. supine

D. recovery

Answer: C

Rationale: For CPR to be effective, the patient must be lying supine on a firm surface, with enough clear space around the patient for two rescuers to perform CPR. If the patient is crumpled up or lying face down, you will need to reposition him or her. The few seconds that you spend repositioning the patient properly will greatly improve the delivery and effectiveness of CPR.

3. For CPR to be effective, the patient must be on a firm surface, lying in the _____ position.

A. Fowler's

Rationale: The patient is sitting up with knees bent in this position, making it nearly impossible to make effective chest compressions.

B. prone

Rationale: The patient is lying face down in this position.

3. For CPR to be effective, the patient must be on a firm surface, lying in the _____ position.

C. supine

Rationale: Correct answer

D. recovery

Rationale: The patient is lying face down with one knee bent and the head slightly tilted.

4. The look, listen, and feel technique should take:
- A. 1 second.
 - B. at least 1 second but no more than 5 seconds.
 - C. at least 10 seconds.
 - D. at least 5 seconds but no more than 10 seconds.

Answer: D

Rationale: The look, listen, and feel technique should take at least 5 seconds but no more than 10 seconds. If you see the chest and abdomen rise and fall and if you feel and hear air move during exhalation, the patient is breathing. If you do not feel any air movement, you must begin artificial ventilation.

4. The look, listen, and feel technique should take:

A. 1 second.

Rationale: One second is not long enough to hear an entire respiratory cycle.

B. at least 1 second but no more than 5 seconds.

Rationale: Five seconds may not be long enough to hear an entire respiratory cycle.

4. The look, listen, and feel technique should take:

C. at least 10 seconds.

Rationale: Ten seconds is a long time in this situation. The brain should not be deprived of oxygen for longer than 6 minutes. Every second counts.

D. at least 5 seconds but no more than 10 seconds.

Rationale: Correct answer

5. Artificial ventilation may result in the stomach becoming filled with air, a condition called:
- A. gastric distention.
 - B. vomitus.
 - C. abdominal-thrust maneuver.
 - D. acute abdomen.

Answer: A

Rationale: Artificial ventilation may result in the stomach becoming filled with air, a condition called gastric distention. Gastric distention is likely to occur if you ventilate too fast, if you give too much air, or if the airway is not opened adequately. Therefore, it is important for you to give slow, gentle breaths.

5. Artificial ventilation may result in the stomach becoming filled with air, a condition called:

A. gastric distention.

Rationale: Correct answer

B. vomitus.

Rationale: Gastric distention may lead to vomitus. Vomitus is vomited material.

5. Artificial ventilation may result in the stomach becoming filled with air, a condition called:

C. abdominal-thrust maneuver.

Rationale: The abdominal-thrust maneuver is a method of removing a foreign obstruction from an airway.

D. acute abdomen.

Rationale: Acute abdomen is a medical term referring to the sudden onset of abdominal pain, generally associated with severe, progressive problems that require medical attention.

6. The _____ is a circumferential chest compression device composed of a constricting band and backboard.

- A. mechanical piston device
- B. load-distributing band
- C. impedance threshold device
- D. cardiopulmonary resuscitation

Answer: B

Rationale: The load-distributing band is a circumferential chest compression device composed of a constricting band and backboard. The device is either electronically or pneumatically driven to compress the heart by putting inward pressure on the thorax. As with the mechanical piston device, use of the device frees the rescuer to complete other tasks. It is lighter and easier to apply than the mechanical piston device.

6. The _____ is a circumferential chest compression device composed of a constricting band and backboard.

A. mechanical piston device

Rationale: This device depresses the sternum via a compressed gas-powered plunger mounted on a backboard.

B. load-distributing band

Rationale: Correct answer

6. The _____ is a circumferential chest compression device composed of a constricting band and backboard.

C. impedance threshold device

Rationale: This valve device is placed between the endotracheal tube and a bag-mask device. It is designed to limit the air entering the lungs during the recoil phase.

D. cardiopulmonary resuscitation

Rationale: This procedure is used to establish artificial ventilation and circulation in a patient who is not breathing and has no pulse.

7. Which of the following scenarios would warrant an interruption in CPR procedures?
- A. An hysterical family member trying to gain access to the unconscious patient
 - B. A vehicle honking its horn anxious to pass by the scene on a blocked road
 - C. A small set of steps leading to the exit of the building, on the way to the ambulance
 - D. Being tired from trying to resuscitate a patient

Answer: C

Rationale: Try not to interrupt CPR for more than a few seconds, except when it is absolutely necessary. For example, if you have to move a patient up or down stairs, you should continue CPR until you arrive at the head or foot of the stairs, interrupt CPR at an agreed-on signal, and move quickly to the next level where you can resume CPR.

7. Which of the following scenarios would warrant an interruption in CPR procedures?
- A. An hysterical family member trying to gain access to the unconscious patient

Rationale: Family members should be calmed down and reassured that the patient is in good hands. A hysterical family member does not warrant a break in CPR.

7. Which of the following scenarios would warrant an interruption in CPR procedures?
- B. A vehicle honking its horn anxious to pass by the scene on a blocked road

Rationale: Your primary focus should be on the patient. Let the on-scene police and/or traffic control deal with upset motorists and blocked roadways.

7. Which of the following scenarios would warrant an interruption in CPR procedures?

C. A small set of steps leading to the exit of the building, on the way to the ambulance

Rationale: Correct answer.

D. Being out of breath while trying to resuscitate a patient

Rationale: CPR should always be continued until the patient's care is transferred to a physician in a hospital setting. Being "out of breath" does not mean being physically incapable of performing more CPR.

8. Once you begin CPR in the field, you must continue until one of the following events occurs:
 - A. The patient stops breathing and has no pulse
 - B. The patient is transferred to another person who is trained in BLS, to ALS-trained personnel, or to another emergency medical responder
 - C. You are out of gas in the ambulance
 - D. A police officer assumes responsibility for the patient and gives direction to discontinue CPR

Answer: B

Rationale: The “T” in the “STOP” mnemonic stands for patient *transfer* to another person who is trained in BLS, to ALS-trained personnel, or to another emergency medical responder.

8. Once you begin CPR in the field, you must continue until one of the following events occurs:

A. The patient stops breathing and has no pulse

Rationale: *These are reasons to **begin** CPR.*

B. The patient is transferred to another person who is trained in BLS, to ALS-trained personnel, or to another emergency medical responder

Rationale: *Correct answer*

8. Once you begin CPR in the field, you must continue until one of the following events occurs:

C. You are out of gas in the ambulance

Rationale: This is not a valid reason to stop CPR. You are *out of strength* or too tired to continue may be a valid reason.

D. A police officer assumes responsibility for the patient and gives direction to discontinue CPR

Rationale: A *physician* who is present or providing online medical direction should assume responsibility for the patient and give direction to discontinue CPR.

9. Instead of the abdominal-thrust maneuver, use _____ for women in advanced stages of pregnancy and patients who are very obese.

- A. chest thrusts
- B. Sellick maneuver
- C. basic life support
- D. DNR orders

Answer: A

Rationale: You can perform the abdominal-thrust maneuver safely on all adults and children. However, for women in advanced stages of pregnancy and patients who are very obese, you should use chest thrusts.

9. Instead of the abdominal-thrust maneuver, use _____
for women in advanced stages of pregnancy and patients
who are very obese.

A. chest thrusts

Rationale: Correct answer

B. Sellick maneuver

Rationale: This technique is used to prevent gastric distention
in which pressure is applied to the cricoid cartilage; also
referred to as cricoid pressure.

9. Instead of the abdominal-thrust maneuver, use _____ for women in advanced stages of pregnancy and patients who are very obese.

C. basic life support

Rationale: BLS is noninvasive emergency lifesaving care that is used to treat medical conditions. Chest thrusts are a BLS tactic.

D. DNR orders

Rationale: Do not resuscitate orders are specific instructions not to perform lifesaving techniques on certain patients who may be suffering from terminal illnesses. DNR orders have to be on hand and can be a complicated issue.

10. In infants who have signs and symptoms of an airway infection, you should not waste time trying to dislodge a foreign body. You should intervene only if signs of (a) _____ develop, such as a weak, ineffective cough, cyanosis, stridor, absent air movement, or a decreasing level of consciousness.
- A. sudden infant death syndrome
 - B. child abuse
 - C. bronchitis
 - D. severe airway obstruction

Answer: D

Rationale: With a mild airway obstruction, the patient can cough forcefully, although there may be wheezing between coughs. As long as the patient can breathe, cough, or talk, you should not interfere with his or her attempts to expel the foreign body. As with the adult, encourage the child to continue coughing. Administer 100% oxygen with a nonrebreathing mask and provide transport to the emergency department.

10. In infants who have signs and symptoms of an airway infection, you should not waste time trying to dislodge a foreign body. You should intervene only if signs of (a) _____ develop, such as a weak, ineffective cough, cyanosis, stridor, absent air movement, or a decreasing level of consciousness.

A. sudden infant death syndrome

Rationale: Death of an infant or young child that remains unexplained after a complete autopsy.

B. child abuse

Rationale: The obstruction may be the result of child abuse, but these signs are those of a severe airway obstruction.

10. In infants who have signs and symptoms of an airway infection, you should not waste time trying to dislodge a foreign body. You should intervene only if signs of (a) _____ develop, such as a weak, ineffective cough, cyanosis, stridor, absent air movement, or a decreasing level of consciousness.

C. bronchitis

Rationale: This is an inflammation of the lung. It is not the direct result of a foreign body lodged in the airway.

D. severe airway obstruction

Rationale: Correct answer