

EMT

Chapter 20 Review

1. A behavioral crisis is MOST accurately defined as:
 - A. a severe, acute psychiatric condition in which the patient becomes violent and presents a safety threat to himself or herself, or to others.
 - B. any reaction to events that interferes with activities of daily living or has become unacceptable to the patient, family, or community.

1. A behavioral crisis is MOST accurately defined as:

- C. a normal response of a patient to a situation that causes an overwhelming amount of stress, such as the loss of a job or marital problems.
- D. a reaction to a stressful event that the patient feels is appropriate, but is considered inappropriate by the patient's family or the community.

Answer: B

Rationale: A behavioral crisis is *any* reaction to events that interferes with the patient's activities of daily living *or* has become acceptable to the patient, his or her family, or the community. Not all patients with an emotional crisis are "psychotic," nor are all violent patients experiencing a psychiatric condition; these are common misconceptions. Various medical conditions can cause a behavioral crisis (eg, hypoglycemia, hypoxemia, brain tumors).

1. A behavioral crisis is MOST accurately defined as:

- A. a severe, acute psychiatric condition in which the patient becomes violent and presents a safety threat to himself or herself, or to others.

Rationale: This could be considered a symptom of a mental disorder.

- B. any reaction to events that interferes with activities of daily living or has become unacceptable to the patient, family, or community.

Rationale: Correct answer

1. A behavioral crisis is MOST accurately defined as:

C. a normal response of a patient to a situation that causes an overwhelming amount of stress, such as the loss of a job or marital problems.

Rationale: This could be normal behavior or could progress to depression.

D. a reaction to a stressful event that the patient feels is appropriate, but is considered inappropriate by the patient's family or the community.

Rationale: This could be normal behavior.

2. Depression and schizophrenia are examples of:

- A. functional disorders.
- B. altered mental status.
- C. behavioral emergencies.
- D. organic brain syndrome.

Answer: A

Rationale: Unlike an organic disorder, a functional disorder cannot be linked to any physical dysfunction or failure of an organ. Depression, schizophrenia, obsessive-compulsive disorder (OCD), and bipolar disorder are examples of functional disorders. They are usually caused by a chemical imbalance in the brain—not a structural or physical abnormality.

2. Depression and schizophrenia are examples of:

A. functional disorders.

Rationale: Correct answer

B. altered mental status.

Rationale: A common presentation in patients with a wide variety of medical problems.

2. Depression and schizophrenia are examples of:

C. behavioral emergencies.

Rationale: Emergencies that do not have a clear physical cause and that result in aberrant behavior.

D. organic brain syndrome.

Rationale: A psychiatric disorder caused by a permanent or temporary physical change in the brain.

3. When assessing a patient with a behavioral crisis, your primary concern must be:
- A. allowing the patient to express himself to you in his own words.
 - B. setting your personal feelings aside and providing needed care.
 - C. gathering the patient's belongings and taking them to the hospital.
 - D. whether the patient will cause harm to you or your partner.

Answer: D

Rationale: There are many things that you should be concerned with when assessing a patient with a behavioral crisis, including all of the items listed in this question. Your primary concern, however, *must* be the safety of yourself and your partner.

3. When assessing a patient with a behavioral crisis, your primary concern must be:

A. allowing the patient to express himself to you in his own words.

Rationale: This is a good technique used in assessment.

B. setting your personal feelings aside and providing needed care.

Rationale: It is important not to allow your own prejudice to interfere with treating patients.

3. When assessing a patient with a behavioral crisis, your primary concern must be:

C. gathering the patient's belongings and taking them to the hospital.

Rationale: Good patient skills are utilized in the treatment of every patient.

D. whether the patient will cause harm to you or your partner.

Rationale: Correct answer

4. General guidelines to follow when caring for a patient with a behavioral crisis include all of the following, EXCEPT:
- A. being honest and reassuring.
 - B. rapidly transporting the patient.
 - C. having a definite plan of action.
 - D. avoiding arguing with the patient.

Answer: B

Rationale: When caring for a patient with a behavioral crisis, the EMT must be prepared to spend extra time with the patient. It may take longer to assess and listen to the patient prior to transport.

4. General guidelines to follow when caring for a patient with a behavioral crisis include all of the following, EXCEPT:

A. being honest and reassuring.

Rationale: This is part of proper treatment.

B. rapidly transporting the patient.

Rationale: Correct answer

C. having a definite plan of action.

Rationale: This is part of proper treatment.

D. avoiding arguing with the patient.

Rationale: This is part of proper treatment.

5. Reflective listening, an assessment technique used when caring for patients with an emotional crisis, involves:

- A. asking the patient to repeat his or her statements.
- B. simply listening to the patient, without speaking.
- C. asking the patient to repeat everything that you say.
- D. repeating, in question form, what the patient tells you.

Answer: D

Rationale: Reflective listening—a technique in which you repeat, in question form, what the patient tells you—allows the patient to further expand on his or her thoughts; it also helps the EMT gain insight into the patient’s situation.

5. Reflective listening, an assessment technique used when caring for patients with an emotional crisis, involves:

A. asking the patient to repeat his or her statements.

Rationale: This is considered to be clarification of a response.

B. simply listening to the patient, without speaking.

Rationale: This is considered to be active listening.

5. Reflective listening, an assessment technique used when caring for patients with an emotional crisis, involves:

C. asking the patient to repeat everything that you say.

Rationale: Simplify and summarize the patient's response when a patient gives confusing or disorganized responses.

D. repeating, in question form, what the patient tells you.

Rationale: Correct answer

6. Which of the following patients is at HIGHEST risk for suicide?

- A. 24-year-old woman who is successfully being treated for depression
- B. 29-year-old man who was recently promoted with a large pay increase
- C. 33-year-old man who regularly consumes alcohol and purchased a gun
- D. 45-year-old woman who recently found out her cancer is in full remission

Answer: C

Rationale: Situations or indications that place a patient at high risk for suicide include, but are not limited to, recent diagnosis of a serious illness; financial setback; marital discord; death of a loved one; untreated psychiatric illness; recent acquisition of items that can cause death, such as a gun or knife; and chronic alcohol use.

6. Which of the following patients is at HIGHEST risk for suicide?

A. 24-year-old woman who is successfully being treated for depression

Rationale: This woman is not a high risk for suicide.

B. 29-year-old man who was recently promoted with a large pay increase

Rationale: This man is not a high risk for suicide.

6. Which of the following patients is at HIGHEST risk for suicide?

C. 33-year-old man who regularly consumes alcohol and purchased a gun

Rationale: Correct answer

D. 45-year-old woman who recently found out her cancer is in full remission

Rationale: This woman is not a high risk for suicide.

7. When caring for a patient with an emotional crisis who is calm and not in need of immediate emergency care, your BEST course of action is to:
 - A. advise the patient that he or she cannot refuse treatment.
 - B. leave the patient with a trusted friend or family member.
 - C. attempt to obtain consent from the patient to transport.
 - D. apply soft restraints in case the patient becomes violent.

Answer: C

Rationale: Just because a patient is experiencing an emotional crisis does not mean that he or she is “mentally incompetent” and cannot refuse EMS treatment and/or transport. You should attempt to obtain consent from any conscious patient unless he or she clearly does not have decision-making capacity (eg, under age, altered mental status, alcohol intoxication).

7. When caring for a patient with an emotional crisis who is calm and not in need of immediate emergency care, your BEST course of action is to:
 - A. advise the patient that he or she cannot refuse treatment.
Rationale: Do this only if the patient clearly does not have decision-making capacity (eg, under age, intoxicated).
 - B. leave the patient with a trusted friend or family member.
Rationale: Attempt to obtain verbal consent for transport to a medical facility.

7. When caring for a patient with an emotional crisis who is calm and not in need of immediate emergency care, your BEST course of action is to:

C. attempt to obtain consent from the patient to transport.

Rationale: Correct answer

D. apply soft restraints in case the patient becomes violent.

Rationale: Restraints are not often used in situations where a patient might become violent, but they are considered.

8. When physically restraining a violent patient, the EMT should:
- A. continually talk to the patient as he or she is being restrained.
 - B. check circulation in all extremities only if the patient is prone.
 - C. remove the restraints if the patient appears to be calming down.
 - D. use additional force if the restrained patient begins to yell at you.

Answer: A

Rationale: When physically restraining a violent patient, the EMT or his or her partner should continually talk to the patient throughout the process. Treat the patient with dignity and respect—regardless of the situation. Once restraints are placed, they should not be removed, even if the patient appears to be calm. Circulation in all extremities should be monitored, regardless of the position in which the patient is restrained.

8. When physically restraining a violent patient, the EMT should:

A. continually talk to the patient as he or she is being restrained.

Rationale: Correct answer

B. check circulation in all extremities only if the patient is prone.

Rationale: Always check the patient's extremity circulation often when physical restraints are applied.

8. When physically restraining a violent patient, the EMT should:

C. remove the restraints if the patient appears to be calming down.

Rationale: Once restraints are applied, they should not be removed.

D. use additional force if the restrained patient begins to yell at you.

Rationale: Only use the force necessary to initially restrain a patient.

9. Upon arrival at the residence of a young male with an apparent emotional crisis, a police officer tells you that the man is acting bizarre. You find him sitting on his couch; he is conscious, but confused. He takes medications, but cannot remember why. His skin is pale and diaphoretic, and he has noticeable tremors to his hands. You should FIRST rule out:
- A. hypoglycemia.
 - B. suicidal thoughts.
 - C. severe depression.
 - D. schizophrenia.

Answer: A

Rationale: There are numerous physical problems that can cause bizarre behavior, such as hypo-glycemia, hypoxemia, and brain tumors, among others. The EMT should rule out an underlying medical cause first. The patient's pallor, diaphoresis, and motor tremors suggest hypoglycemia. The EMT should assess the patient's blood glucose level, if trained to do so, and consider administering oral glucose. Psychiatric illnesses, such as clinical depression and schizophrenia, cannot be ruled in or out in the field.

9. Upon arrival at the residence of a young male with an apparent emotional crisis, a police officer tells you that the man is acting bizarre. You find him sitting on his couch; he is conscious, but confused. He takes medications, but cannot remember why. His skin is pale and diaphoretic, and he has noticeable tremors to his hands. You should FIRST rule out:

A. hypoglycemia.

Rationale: Correct answer

B. suicidal thoughts.

Rationale: This is a symptom, something that the patient tells you. It does not produce visible signs.

9. Upon arrival at the residence of a young male with an apparent emotional crisis, a police officer tells you that the man is acting bizarre. You find him sitting on his couch; he is conscious, but confused. He takes medications, but cannot remember why. His skin is pale and diaphoretic, and he has noticeable tremors to his hands. You should FIRST rule out:

C. severe depression.

Rationale: This cannot be ruled out in the prehospital setting.

D. schizophrenia.

Rationale: Schizophrenia cannot be ruled out in the field.

10. Which of the following signs is LEAST indicative of a patient's potential for violence?
- A. The patient appears tense and "edgy."
 - B. The patient is 6'5" tall and weighs 230 lb.
 - C. The patient is loud and shouting obscenities.
 - D. The patient is facing you with clenched fists.

Answer: B

Rationale: When assessing a patient's potential for violence, you should observe for suggestive physical activity, such as clenching of the fists; glaring eyes; shouting obscenities; and rapid, disorganized speech. There is no correlation between a patient's physical size and his or her potential for violence.

10. Which of the following signs is LEAST indicative of a patient's potential for violence?

A. The patient appears tense and "edgy."

Rationale: This is a signal of possible physical aggression and anger.

B. The patient is 6'5" tall and weighs 230 lb.

Rationale: Correct answer

10. Which of the following signs is LEAST indicative of a patient's potential for violence?

C. The patient is loud and shouting obscenities.

Rationale: This is a signal of possible physical aggression and anger.

D. The patient is facing you with clenched fists.

Rationale: This is a signal of possible physical aggression and anger.