

EMT

Chapter 4 Review

1. When health care providers force their cultural values onto their patients because they believe their values are better, they are displaying _____.

A.ethnocentrism

B.proxemics

C.nonverbal communication

D.cultural imposition

Answer: D

Rationale: Forcing your own cultural values onto others because you believe your values are better is referred to as cultural imposition.

1. When health care providers force their cultural values onto their patients because they believe their values are better, they are displaying _____.

A. ethnocentrism

Rationale: Ethnocentrism means considering your own cultural values as more important.

B. proxemics

Rationale: This is the study of space and how the distance between people affects communication.

1. When health care providers force their cultural values onto their patients because they believe their values are better, they are displaying _____.

C. nonverbal communication

Rationale: This term simply means any communication that does not use language.

D. cultural imposition

Rationale: Correct answer

2. When communicating with an elderly patient, you should:
 - A. approach the patient slowly and calmly.
 - B. step back to avoid making the patient uncomfortable.
 - C. raise your voice to ensure that the patient can hear you.
 - D. obtain the majority of your information from family members.

Answer: A

Rationale: Approach an elderly patient slowly and calmly, use him or her as your primary source of information whenever possible, and allow ample time for the patient to respond to your questions. Not all elderly patients are hearing impaired; if the patient is hearing impaired, you may need to elevate your voice *slightly*.

2. When communicating with an elderly patient, you should:

A. approach the patient slowly and calmly.

Rationale: Correct answer

B. step back to avoid making the patient uncomfortable.

Rationale: You may need to get closer. You have to touch the patient to take vital signs.

2. When communicating with an elderly patient, you should:
- C. raise your voice to ensure that the patient can hear you.
Rationale: Not all elderly patients are hearing impaired.
 - D. obtain the majority of your information from family members.
Rationale: Always speak to the patient; the patient's responses can provide unlimited information.

3. While caring for a 5-year-old boy with respiratory distress, you should:
 - A. avoid direct eye contact with the child, as this may frighten him.
 - B. avoid letting the child hold any toys, as this may hinder your care.
 - C. realize that it is usually easy to deceive a child when treating them.
 - D. allow a parent or caregiver to hold the child if the situation allows.

Answer: D

Rationale: When caring for children, take special care to avoid upsetting them. Allowing a parent to hold the child or allowing the child to play with a favorite toy often helps to keep the child calm. Never lie to a child, or any other patient for that matter; children can see through lies and deceptions. Assure the child that you can be trusted and are there to help by maintaining eye contact.

3. While caring for a 5-year-old boy with respiratory distress, you should:
- A. avoid direct eye contact with the child, as this may frighten him.
Rationale: Eye contact helps to establish trust with children.
 - B. avoid letting the child hold any toys, as this may hinder your care.
Rationale: Playing with a toy can calm a child and keep the child occupied.

3. While caring for a 5-year-old boy with respiratory distress, you should:

C. realize that it is usually easy to deceive a child when treating them.

Rationale: Never lie to a child; children can detect deception.

D. allow a parent or caregiver to hold the child if the situation allows.

Rationale: Correct answer

4. Which of the following pieces of patient information is of LEAST pertinence when giving a verbal report to a nurse or physician at the hospital?
- A. The patient's name and age
 - B. The patient's family medical history
 - C. Vital signs that may have changed
 - D. Medications that the patient is taking

Answer: B

Rationale: Information given to the receiving nurse or physician should include the patient's name and age, vital signs (especially if they have changed), a summary of the past medical history, and the patient's response to any treatment that you rendered. Family medical history is not essential in the emergency treatment of a patient.

4. Which of the following pieces of patient information is of LEAST pertinence when giving a verbal report to a nurse or physician at the hospital?
- A. The patient's name and age
Rationale: This is very important in a verbal report.
 - B. The patient's family medical history
Rationale: Correct answer
 - C. Vital signs that may have changed
Rationale: This is very important in a verbal report.
 - D. Medications that the patient is taking
Rationale: This is very important in a verbal report.

5. Which of the following statements about the patient care report (PCR) is true?

A. It is not a legal document in the eyes of the law.

B. It cannot be used for patient billing information.

C. It helps ensure efficient continuity of patient care.

D. It is for use only by the prehospital care provider.

Answer: C

Rationale: The PCR is an important document for more than one reason. It helps to ensure efficient continuity of patient care by providing the hospital with an account of all prehospital assessments and treatment. It also serves as a legal document that reflects the care provided by the EMT.

5. Which of the following statements about the prehospital care report is true?

A. It is not a legal document in the eyes of the law.

Rationale: A prehospital care report is a legal document.

B. It cannot be used for patient billing information.

Rationale: A prehospital care report can be used by hospital administration, which includes the billing department.

5. Which of the following statements about the prehospital care report is true?

C. It helps ensure efficient continuity of patient care.

Rationale: Correct answer

D. It is for use only by the prehospital care provider.

Rationale: While it may not be read immediately by the hospital, it can be used later to review patient care procedures and for quality improvement purposes.

6. A device that receives a low frequency and then transmits it at a relatively higher frequency is called a:

A. duplex.

B. scanner.

C. repeater.

D. receiver.

Answer: C

Rationale: A repeater receives messages and frequencies from one frequency and then automatically transmits them on a second, higher frequency.

6. A device that receives a low frequency and then transmits it at a relatively higher frequency is called a:

A. duplex.

Rationale: Duplex is the ability to transmit and receive messages simultaneously.

B. scanner.

Rationale: This is a device that searches or scans across several frequencies until a message is completed.

6. A device that receives a low frequency and then transmits it at a relatively higher frequency is called a:

C. repeater.

Rationale: Correct answer

D. receiver.

Rationale: This is a device that only receives and does not transmit.

7. The success of communications depends on the:

- A. location of the hospital.
- B. strength of your voice.
- C. efficiency of the equipment.
- D. strength of the microphone.

Answer: C

Rationale: A number of factors affect communication effectiveness; however, the efficiency of the equipment you are using ultimately affects the success of communications.

7. The success of communications depends on the:

A. location of the hospital.

Rationale: The hospital location has no influence on how successful communication is.

B. strength of your voice.

Rationale: This is important, but it has no impact on a successful communication.

C. efficiency of the equipment.

Rationale: Correct answer

D. strength of the microphone.

Rationale: The microphone is only one piece of equipment needed for successful communication.

8. All of the following are functions of the emergency medical dispatcher, EXCEPT:
- A. alerting the appropriate EMS response unit.
 - B. screening a call and assigning it a priority.
 - C. providing emergency medical instructions to the caller.
 - D. providing medical direction to the EMT in the field.

Answer: D

Rationale: Functions of the emergency medical dispatcher include screening a call and assigning it a priority, alerting the appropriate EMS response unit, coordinating EMS units with other public safety services, and providing prearrival emergency medical instructions to the caller.

8. All of the following are functions of the emergency medical dispatcher, EXCEPT:

A. alerting the appropriate EMS response unit.

Rationale: The dispatcher notifies the closest appropriate EMS unit.

B. screening a call and assigning it a priority.

Rationale: The dispatcher prioritizes incoming calls.

8. All of the following are functions of the emergency medical dispatcher, EXCEPT:

C. providing emergency medical instructions to the caller.

Rationale: The dispatcher helps callers with medical instructions.

D. providing medical direction to the EMT in the field.

Rationale: Correct answer

9. After receiving an order from medical control over the radio, the EMT should:
- A. carry out the order immediately.
 - B. disregard the order if it is not understood.
 - C. obtain the necessary consent from the patient.
 - D. repeat the order to the physician word for word.

Answer: D

Rationale: After receiving an order from medical control, the EMT should repeat the order back to the physician word for word. This will ensure that he or she heard the order correctly. After confirming the order, the EMT should obtain the necessary consent from the patient.

9. After receiving an order from medical control over the radio, the EMT should:

A. carry out the order immediately.

Rationale: The order must be repeated back first to confirm that it was heard correctly.

B. disregard the order if it is not understood.

Rationale: Repeating the order will help the EMT to clarify any misunderstandings.

C. obtain the necessary consent from the patient.

Rationale: This step is carried out after the order has been confirmed and understood by the EMT.

D. repeat the order to the physician word for word.

Rationale: Correct answer

10. When requesting medical direction for a patient who was involved in a major car accident, the EMT should avoid:

A.using radio codes to describe the situation.

B.questioning an order that seems inappropriate.

C.relaying vital signs unless they are abnormal.

D.the use of medical terminology when speaking.

Answer: A

Rationale: When giving a report to medical control or requesting medical direction, the EMT should avoid the use of codes, such as “10-50” or “Signal 70.” One cannot assume that the physician is familiar with these codes. Plain English is more effective.

10. When requesting medical direction for a patient who was involved in a major car accident, the EMT should avoid:

A. using radio codes to describe the situation.

Rationale: Correct answer

B. questioning an order that seems inappropriate.

Rationale: If an order seems inappropriate, EMS providers must question the validity of the order.

10. When requesting medical direction for a patient who was involved in a major car accident, the EMT should avoid:

C. relaying vital signs unless they are abnormal.

Rationale: Vital signs are necessary to describe the patient's condition to the medical director.

D. the use of medical terminology when speaking.

Rationale: The use of appropriate medical terminology shows the EMS provider's confidence, knowledge, and expertise to the medical director.