

**EMT**

Chapter 8 Review

1. During the scene size-up, you should routinely determine all of the following, EXCEPT:
  - A. the mechanism of injury or nature of illness.
  - B. the ratio of pediatric patients to adult patients.
  - C. whether or not additional resources are needed.
  - D. if there are any hazards that will jeopardize safety.

**Answer: B**

**Rationale:** Components of the scene size-up—after taking standard precautions—include determining if the scene is safe for entry, determining the mechanism of injury or nature of illness, determining the number of patients, and determining if additional resources are needed at the scene.

1. During the scene size-up, you should routinely determine all of the following, EXCEPT:

A. the mechanism of injury or nature of illness.

**Rationale:** This is part of the scene size-up.

B. the ratio of pediatric patients to adult patients.

**Rationale:** Correct answer

C. whether or not additional resources are needed.

**Rationale:** This is part of the scene size-up.

D. if there are any hazards that will jeopardize safety.

**Rationale:** This is part of the scene size-up.

2. You arrive at the scene of an “injured person.” As you exit the ambulance, you see a man lying on the front porch of his house. He appears to have been shot in the head and is lying in a pool of blood. You should:
  - A. immediately assess the patient.
  - B. proceed to the patient with caution.
  - C. quickly assess the scene for a gun.
  - D. retreat to a safe place and wait for law enforcement to arrive.

**Answer: D**

**Rationale:** Your primary responsibility as an EMT is to protect yourself. Prior to entering *any* scene, you must assess for potential dangers. In cases where violence has occurred, you must retreat to a safe place and wait for law enforcement personnel to arrive.

2. You arrive at the scene of an “injured person.” As you exit the ambulance, you see a man lying on the front porch of his house. He appears to have been shot in the head and is lying in a pool of blood. You should:
  - A. immediately assess the patient.  
**Rationale:** You must wait until the scene is safe.
  - B. proceed to the patient with caution.  
**Rationale:** You must wait until the scene is safe.

2. You arrive at the scene of an “injured person.” As you exit the ambulance, you see a man lying on the front porch of his house. He appears to have been shot in the head and is lying in a pool of blood. You should:

C. quickly assess the scene for a gun.

**Rationale:** This is the responsibility of law enforcement.

D. retreat to a safe place and wait for law enforcement to arrive.

**Rationale:** Correct answer

3. Findings such as inadequate breathing or an altered level of consciousness should be identified in the:

- A. primary assessment.
- B. full-body scan.
- C. secondary assessment.
- D. reassessment.

**Answer: A**

**Rationale:** The purpose of the primary assessment is to identify and manage any life threats to the patient, such as inadequate breathing, an altered level of consciousness, or severe hemorrhage.

3. Findings such as inadequate breathing or an altered level of consciousness should be identified in the:

A. primary assessment.

**Rationale:** Correct answer

B. full-body scan.

**Rationale:** The full-body scan takes place during the secondary assessment.

3. Findings such as inadequate breathing or an altered level of consciousness should be identified in the:

C. secondary assessment.

**Rationale:** The purpose of the secondary assessment is to perform a systematic physical examination of the patient after the primary assessment.

D. reassessment.

**Rationale:** Reassessment is performed to identify and treat changes in a patient's condition after the primary assessment.

4. Which of the following would you NOT detect while determining your initial general impression of a patient?

A. Cyanosis

B. Gurgling respirations

C. Severe bleeding

D. Rapid heart rate

**Answer: D**

**Rationale:** The initial general impression is what you first notice as you approach the patient, but before physical contact with the patient is made. It is what you see, hear, or smell. A rapid heart rate (tachycardia) would not be detected until you actually perform the entire primary assessment; you cannot see, hear, or smell tachycardia.

4. Which of the following would you NOT detect while determining your initial general impression of a patient?

A. Cyanosis

**Rationale:** You can see cyanosis while determining your initial general impression.

B. Gurgling respirations

**Rationale:** You can hear gurgling while determining your initial general impression.

4. Which of the following would you NOT detect while determining your initial general impression of a patient?

C. Severe bleeding

**Rationale:** You can see bleeding while determining your initial general impression.

D. Rapid heart rate

**Rationale:** Correct answer

5. Your primary assessment of an elderly woman who fell reveals an altered level of consciousness and a large hematoma to her forehead. After protecting her spine and administering oxygen, you should:
- A. reassess your interventions.
  - B. perform a rapid scan.
  - C. transport the patient immediately.
  - D. perform an exam focusing on her head.

**Answer: B**

**Rationale:** If any life-threatening problems are discovered in the primary assessment, they should be addressed immediately. The EMT should then perform a rapid scan to look for other potentially life-threatening injuries or conditions.

5. Your primary assessment of an elderly woman who fell reveals an altered level of consciousness and a large hematoma to her forehead. After protecting her spine and administering oxygen, you should:

A. reassess your interventions.

**Rationale:** This is the last step of the patient assessment process.

B. perform a rapid scan.

**Rationale:** Correct answer

5. Your primary assessment of an elderly woman who fell reveals an altered level of consciousness and a large hematoma to her forehead. After protecting her spine and administering oxygen, you should:

C. transport the patient immediately.

**Rationale:** This is determined after the completion of a rapid scan.

D. perform a focused exam of her head.

**Rationale:** This is completed not only on the head but on the entire body.

6. A semiconscious patient pushes your hand away when you pinch his earlobe. You should describe his level of consciousness as:
- A. alert.
  - B. unresponsive.
  - C. responsive to painful stimuli.
  - D. responsive to verbal stimuli.

**Answer: C**

**Rationale:** Semiconscious patients are not alert, nor are they unresponsive. The fact that the patient pushes your hand away when you pinch his earlobe indicates that he is responsive to painful stimuli. If he opens his eyes or responds when you speak to him, he would be described as being responsive to verbal stimuli.

6. A semiconscious patient pushes your hand away when you pinch his earlobe. You should describe his level of consciousness as:

A. alert.

**Rationale:** This is when the patient's eyes open spontaneously as you approach.

B. unresponsive.

**Rationale:** This is when the patient does not respond to any stimulus.

6. A semiconscious patient pushes your hand away when you pinch his earlobe. You should describe his level of consciousness as:

C. responsive to painful stimuli.

**Rationale:** Correct answer

D. responsive to verbal stimuli.

**Rationale:** This is when the patient's eyes open with verbal stimuli and he or she tries to respond.

7. Assessment of an unconscious patient's breathing begins by:
- A. inserting an oral airway.
  - B. manually positioning the head.
  - C. assessing respiratory rate and depth.
  - D. clearing the mouth with suction as needed.

**Answer: B**

**Rationale:** You cannot assess or treat an unconscious patient's breathing until the airway is patent—that is, open and free of obstructions. Manually open the patient's airway (eg, head tilt–chin lift, jaw-thrust), use suction as needed to clear the airway of blood or other liquids, insert an airway adjunct to assist in maintaining airway patency, and then assess the patient's respiratory effort.

7. Assessment of an unconscious patient's breathing begins by:

A. inserting an oral airway.

**Rationale:** You insert an airway adjunct to assist in maintaining airway patency after the head tilt–chin lift.

B. manually positioning the head.

**Rationale:** Correct answer

7. Assessment of an unconscious patient's breathing begins by:

C. assessing respiratory rate and depth.

**Rationale:** After the airway is opened and suctioned, then determine the patient's respiratory effort by assessing the respiratory rate and depth.

D. clearing the mouth with suction as needed.

**Rationale:** This is done after attempting to open the airway with proper positioning.

8. Your 12-year-old patient can speak only two or three words without pausing to take a breath. He has a serious breathing problem known as:
- A. nasal flaring.
  - B. two- to three-word dyspnea.
  - C. labored breathing.
  - D. shallow respirations.

**Answer: B**

**Rationale:** Two- to three-word dyspnea is a severe breathing problem in which a patient can speak only two to three words at a time without pausing to take a breath.

8. Your 12-year-old patient can speak only two or three words without pausing to take a breath. He has a serious breathing problem known as:

A. nasal flaring.

**Rationale:** Nasal flaring is the flaring out of the nostrils.

B. two- to three-word dyspnea.

**Rationale:** Correct answer

8. Your 12-year-old patient can speak only two or three words without pausing to take a breath. He has a serious breathing problem known as:

C. labored breathing.

**Rationale:** Labored breathing requires increased effort and is characterized by grunting and stridor.

D. shallow respirations.

**Rationale:** Shallow respirations are characterized by little movement of the chest wall or poor chest excursion.

9. How should you determine the pulse in an unresponsive 8-year-old patient?

- A. Palpate the radial pulse at the wrist.
- B. Palpate the brachial pulse inside the upper arm.
- C. Palpate the radial pulse with your thumb.
- D. Palpate the carotid pulse in the neck.

**Answer: D**

**Rationale:** In unresponsive patients older than 1 year, you should palpate the carotid pulse in the neck. If you cannot palpate a pulse in an unresponsive patient, begin CPR.

9. How should you determine the pulse in an unresponsive 8-year-old patient?

A. Palpate the radial pulse at the wrist.

**Rationale:** Only palpate here in responsive patients who are older than 1 year.

B. Palpate the brachial pulse inside the upper arm.

**Rationale:** Only palpate here in children younger than 1 year because the radial and carotid pulses are difficult to locate.

9. How should you determine the pulse in an unresponsive 8-year-old patient?

C. Palpate the radial pulse with your thumb.

**Rationale:** Do not palpate a pulse with your thumb. You may mistake the strong pulsing circulation in your thumb for the patient's pulse.

D. Palpate the carotid pulse in the neck.

**Rationale:** Correct answer

10. When assessing your patient's pain, he says it started in his chest but has spread to his legs. This is an example of what part of the OPQRST mnemonic?
- A. Onset
  - B. Quality
  - C. Region/radiation
  - D. Severity

**Answer: C**

**Rationale:** The region/radiation section of the OPQRST mnemonic assesses a patient's pain—where it hurts and where the pain has spread. Because the patient informed you that his pain spread from his chest to his legs, this would be an example of radiation.

10. When assessing your patient's pain, he says it started in his chest but has spread to his legs. This is an example of what part of the OPQRST mnemonic?

A. Onset

**Rationale:** This assesses the cause of the pain and when it began.

B. Quality

**Rationale:** This assesses the patient's description of the pain.

10. When assessing your patient's pain, he says it started in his chest but has spread to his legs. This is an example of what part of the OPQRST mnemonic?

C. Region/radiation

**Rationale:** Correct answer

D. Severity

**Rationale:** This assesses the severity of the patient's pain.