

Schoolcraft Medical Control Authority (MCA)

Protocol and Procedures Test, February 2015, Version 1

MFR/EMT/SPECIALIST/PARAMEDIC

1. Schoolcraft County Medical Control Protocols and Procedures can be found at:
 - a. www.scmh.org
 - b. www.reg8.org
 - c. www.michigan.gov
 - d. ww4.scmh.org/scmhems
2. Excited Delirium Adult Protocol is:
 - a. for all levels of EMS provider
 - b. only for the ALS provider level
 - c. used in conjunction with law enforcement to provide treatment to a physically combative patient
 - d. A and C
3. The signs of Compartment Syndrome are listed in the General Crush Protocol.
 - a. True
 - b. False
4. All levels of EMS, except Medical First Responders, should measure the glucose of altered mental status and seizure patients.
 - a. True
 - b. False
5. Crush syndrome treatment begins after the patient is removed from the entrapment or compression point.
 - a. True
 - b. False
6. An EMT can assist a patient in the use of Nitroglycerin sublingual tabs if the following is present:
 - a. No Viagra or similar erectile dysfunction medication in the last 48 hours
 - b. Systolic blood pressure is above 120mmHg
 - c. The Nitroglycerin belongs to the patient.
 - d. All of the above.
7. CPAP can be used by BLS, LALS and ALS:
 - a. True
 - b. False 2

8. All non-cardiac pain should be assessed and scored according to the Wong Pain Scale that includes pictures of faces?

- a. True
- b. False

9. Clear the airway only if necessary on a newborn. Routine suctioning of nose and mouth at the perineum is no longer recommended.

- A. True
- B. False

10. You are working on a Medical First Responder agency and dispatched to a pediatric patient having an allergic reaction, you determine the substance or source of exposure, follow the assessment and treatment protocol, and in severe cases with wheezing or hypotension, and may administer an Epinephrine Junior auto injector, pre-Medical Control contact.

- a. True
- b. False

11. Adult trauma patients must be hyperventilated as part of managing their airway ventilation.

- a. True
- b. False

12. The umbilical cord should be cut immediately.

- a. True
- b. False

13. The Cincinnati Pre-hospital Stroke Scale includes:

- a. Facial droop, arm drift, abnormal speech
- b. Facial droop, arm drift, grip strength
- c. Nystagmus, grip strength, abnormal speech
- d. Arm drift, abnormal speech, last time seen normal

14. Medical First Responders are allowed to use a bag valve mask.

- a. True
- b. False

15. A newborn's heart rate is less than 60bpm, you must perform chest compressions at a 3:1 ratio.

- a. True
- b. False

16. Pediatric fever is defined as a core temperature of 101 degrees Fahrenheit or greater.

- a. True
- b. False

17. Patients experiencing a heat emergency should have their glucose checked:

- a. True
- b. False

18. You are an EMT and per protocols, you are allowed to give patients oral fluids when they experience heat cramps, and warm non-caffeinated beverages by mouth for hypothermic, alert patients.

- a. True
- b. False

19. For sucking chest wounds, only ALS providers are allowed by protocol to cover the wound with an occlusive dressing sealed on three sides and release if worsened shortness of breath or signs of tension pneumothorax.

- a. True
- b. False

20. For patients with superficial burns, less than 15% body surface area, treat the burn in the following sequence:

- a. stop the burning process; remove smoldering/non-adherent clothing and constricting items; use cool, wet dressings for patient comfort
- b. stop the burning process; remove smoldering/non-adherent clothing; cover wounds with dry clean dressings
- c. brush off the dry chemicals, irrigate, cover with clean, dry dressing.
- d. none of the above

21. A neonate is from _____ to _____. An infant is from _____ to _____.

- a. birth to 6 months; older than 1 month to 12 months.
- b. birth to 1 month; older than 1 month to 12 months.
- c. birth to 3 months; older than 3 months to 9 months.
- d. birth to 1 month; older than 1 month to 18 months.

22. APGAR stands for:

- a. Appearance, Pulse, Grips, Activity, Respiration
- b. Activity, Pulse, Grimace, Appearance, Respiration
- c. Appearance, Pulse, Grimace, Activity, Respiration
- d. None of the above

23. If emergency medical services personnel, exercising professional judgment, determine that the patient's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on the individual's religious beliefs.

- a. True
- b. False

24. Traction splints, tourniquets and pelvic binders can be utilized by all levels of EMS providers.

- a. True
- b. False

25. Authority for management of a patient in an emergency is vested in the licensed health care professional at the scene who has the most training specific to the provision of emergency medical care.

- a. True
- b. False

26. Patients over the age of 65 with a mechanism of injury with the potential for causing cervical spine injury will have a cervical collar applied even if the spinal injury clinical assessment is negative.

- a. True
- b. False

27. A complaint may be submitted to the Medical Control Authority either verbally or in writing. In no case will the Medical Control Authority accept or investigate a complaint where the complainant has not made his/her identity known.

- a. True
- b. False

28. A patient wearing a do-not-resuscitate identification bracelet imprinted with the words "Do Not Resuscitate Order", the name and the address of the declarant and the name and telephone number of the declarant's physician is the same as being provided with a do-not-resuscitate order.

- a. True
- b. False

29. Patients with penetrating traumatic injuries always require spinal precautions.

- a. True
- b. False

30. Per the Spinal Precautions Procedure, self-extrication is allowed for a stable patient who is alert and without neurological deficit once a cervical collar is placed on the patient.

- a. True
- b. False

31. Signs of cardiopulmonary compromise in a pediatric bradycardic patient include a systolic blood pressure less than $70 + (\text{age} \times 2)$.

- a. True
- b. False

32. While following the general pre-hospital care protocol and drowning/near drowning/ submersion, you ascertain the patient is pulseless and was submerged in water greater than 1 hour. The next protocol you follow is:

- a. Hypothermia/Frostbite
- b. Dead On Scene
- c. Cardiac Arrest – General Protocol
- d. None of the above

33. Patients who are markedly agitated, combative or confused may not be able to follow commands and cooperate with minimizing spinal movement. Rigid immobilization should be avoided if it contributes to patient combativeness. Patient may remain on backboard if the crew deems it is safer for the patient.

- a. True
- b. False

34. If the Medical Control Authority determines an immediate threat to public health, safety or welfare exists, appropriate action to remove medical control privileges can be taken immediately. The Medical Control Authority must now conduct a hearing.

- a. True
- b. False

35. Your patient that you have provided treatment to with medications or other advanced treatment like an IV is now refusing care and/or transport. Should Medical Control be contacted if EMS providers believe an emergency condition still exists?

- a. Yes
- b. No

36. If Return of Spontaneous Circulation (ROSC) has not been achieved after two, two minute cycles of CPR and ALS is not available or delayed, initiate transport.

- a. True
- b. False

37. The Region 8 Medical Coordination Center may be contacted by Dispatch for resources and equipment during a disaster.

- a. True
- b. False

38. CPR is to be initiated on all patients in cardiac arrest unless one or more of the conditions listed in the Dead On Scene Procedure are present.

- a. True
- b. False

39. Persons do not have to apply for Medical Control Privileges before operating on any life support agency within the Medical Control Authority.

- a. True
- b. False

40. The protocol that identifies when an agency can utilize emergency lights and siren is:

- a. Patient Prioritization Policy
- b. Mass Casualty Incidents
- c. Critical Care Patient Transports
- d. Medical Priority Response & Transport

41. An electronic EMS Patient Care Record must be completed on any request for service to which a life support agency is dispatched. This includes all emergency and non-emergency incidents, transfers, refusals, no patient found and cancellations.

- a. True
- b. False

42. In general, supplemental oxygen should be guided by pulse oximetry (when available) to maintain oxygen saturations of:

- a. => 92%
- b. => 94%
- c. => 96%
- d. => 98%

43. The protocol that defines how Patient Care Records are selected for Professional Standards Review, development of remediation action plans and reporting is called Quality Improvement Program.

- a. True
- b. False

44. The Chemical Exposure Protocol is only for ALS providers.

- a. True
- b. False

45. The Communicable Disease Protocol provides information on reporting of exposures, specific guidance for personal protection equipment, facility notifications and cleaning/disinfection guidelines.

- a. True
- b. False

SPECIALIST/PARAMEDIC ONLY

46. Pediatric naloxone dosage is 0.1 mg/kg IV or IM (maximum dose 2mg), may repeat as indicated.

- a. True
- b. False

47. A wheezing pulmonary edema patient's treatment of choice is:

- a. Lasix and Morphine
- b. Nitroglycerin, CPAP if available, and Albuterol
- c. Morphine and Albuterol
- d. None of the above

48. A patient under one (1) year of age has a glucose reading of less than 60 mg/dl, administer:

- a. Dextrose 50%, 2 ml/kg IV
- b. Dextrose 12.5%, 2 ml/kg IV
- c. Dextrose 25%, 2 ml/kg IV
- d. None of the above

49. An infant weighing less than 10 kg is experiencing a severe allergic reaction:

- a. Administer Epinephrine 1:1000, 0.15 mg (0.15 ml) IM or Epi Pen Jr
- b. Administer Epinephrine 1:1000, 0.05 mg (0.05 ml) IM or Epi Pen Jr
- c. Contact medical control prior to epinephrine if possible.
- d. None of the above.

PARAMEDIC ONLY

50. Your adult patient is physically combative and an imminent physical threat to personnel and/or him or herself. With assistance from law enforcement at the scene, you restrain the patient. The patient remains combative, so you administer:

- a. Midazolam 0.05 mg/kg IV/IO titrated slowly
- b. Fentanyl 1 mcg/kg IV/IO titrated slowly, may repeat once in 5 minutes to a maximum of 3 mcg/kg.
- c. Midazolam 10 mg IM or 5 mg IN.
- d. None of the above.

51. A 62 pound, eight year old patient is experiencing hypoglycemia. You administer:

- a. Dextrose 25%, 42 ml.
- b. Dextrose 50%, 30 ml.
- c. Dextrose 50%, 25 ml.
- d. None of the above.

52. Your patient has a general crush injury, select the most appropriate answer:

- a. Fentanyl is preferred for pain, assess for hypokalemia.
- b. Morphine is preferred for pain, assess for hyperkalemia, administer oxygen.
- c. Fentanyl is preferred for pain, assess for hyperkalemia and treat appropriately, consider Albuterol.
- d. Morphine is preferred for pain, administer Sodium Bicarb, consider Albuterol.

53. If a pediatric patient's weight is known, use the Broselow Tape to assure correct dosages.

- a. True
- b. False

54. The proper dose for a seizing, eclamptic obstetrical patient is Magnesium Sulfate:

- a. up to 2 gm over 10 minutes
- b. 4 gm over 10 minutes mixed in 100 to 250 ml Normal Saline, IV only
- c. 2 gm over 10 minutes mixed in 100 to 250 ml Normal Saline, via IV/IO until seizure stops
- d. None of the above

55. The pediatric epinephrine dosage for asystole is 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV/IO up to 1 mg (10ml), repeat every 3-5 minutes. Your patient weighs 60 pounds. You would administer:

- a. 0.27 mg of 1:10,000 epinephrine
- b. 2.7 ml of 1:10,000 epinephrine
- c. 0.60 mg of 1:10,000 epinephrine
- d. Either A or B

56. A patient is experiencing tachycardia of a cardiac origin with a ventricular rate of 180/minute; however, he is not exhibiting any signs of hypotension, altered mental status, shock, significant chest discomfort, shortness of breath or pulmonary edema. The rhythm is stable with wide QRS complexes. You now:

- a. Perform a carotid massage.
- b. Administer Amiodarone, 150mg IV over 10 minutes
- c. Administer Lidocaine, 1mg/kg IV
- d. Do nothing

57. Your patient is presenting with a 12 lead EKG that meets ST Elevation and is being interpreted by the cardiac monitor as ***ACUTE MI*** or ***MEETS ST ELEVATION MI CRITERIA***, your next step is to contact medical control indicating such findings.

- a. True
- b. False

58. A copy of the 12 lead EKG should be attached to the patient care record and left at the receiving facility.

- a. True
- b. False

59. The Schoolcraft County Medical Control Authority has opted to include the Supplemental Protocol called Cyanide Exposure that allows the use of a Cyanokit. These are available through the MEDDRUN activation.

- a. True
- b. False

60. If a febrile pediatric patient has not been given acetaminophen in the last four (4) hours and is alert and there are no contraindications, protocol does NOT allow the paramedic to administer oral Tylenol as directed on the bottle for the age and weight of the child (15 mg / kg).

- a. True
- b. False

61. If indicated, pain medication requires a systolic BP to be maintained at:

- a. Adult ≥ 100 mm Hg, Pediatric $70 + (2 \times \text{age})$ mm Hg
- b. Adult ≥ 120 mm Hg, Pediatric $70 + (2 \times \text{age})$ mm Hg
- c. Adult ≥ 100 mm Hg, Pediatric $80 + (2 \times \text{age})$ mm Hg
- d. None of the above

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Printed Name: _____

Level of license: _____

Date: _____

Agency(ies): _____

1	A B C D	32	A B C D
2	A B C D	33	A B C D
3	A B C D	34	A B C D
4	A B C D	35	A B C D
5	A B C D	36	A B C D
6	A B C D	37	A B C D
7	A B C D	38	A B C D
8	A B C D	39	A B C D
9	A B C D	40	A B C D
10	A B C D	41	A B C D
11	A B C D	42	A B C D
12	A B C D	43	A B C D
13	A B C D	44	A B C D
14	A B C D	45	A B C D
15	A B C D	46	A B C D
16	A B C D	47	A B C D
17	A B C D	48	A B C D
18	A B C D	49	A B C D
19	A B C D	50	A B C D
20	A B C D	51	A B C D
21	A B C D	52	A B C D
22	A B C D	53	A B C D
23	A B C D	54	A B C D
24	A B C D	55	A B C D
25	A B C D	56	A B C D
26	A B C D	57	A B C D
27	A B C D	58	A B C D
28	A B C D	59	A B C D
29	A B C D	60	A B C D
30	A B C D	61	A B C D
31	A B C D		