n				
e				
TIPLE CHOICE. Choos	se the one alternative that be	est completes the statemen	t or answers the question	1.
The right of compe principle of:	tent people to determine wh	at happens to their bodies i	s one example of the	1)
A) libertarianisn	n. B) autonomy.	C) democracy.	D) agency.	
Rules or standards called:	that govern the conduct of m	nembers of a particular gro	up or profession are	2)
A) regulations.	B) statutes.	C) ethics.	D) morals.	
· •	-year-old male with a sever able. Which of the following	, ,	-	3)
A) A level III tra	uma center	B) A level II trauma	center	
C) A level I trau	ma center	D) A level IV traum	a center	
	which the practitioners have a recognized by some organiz		ed body of knowledge or	4) _
A) career.	B) vocation.	C) trade.	D) profession.	
5) In which of the foll communities?	owing areas is there a recogr	ized need for prevention a	ctivities in many	5)
A) Fall-related i	njuries in the geriatric popula	ation		
B) Patients disch	narged after only short hospit	al stays for serious illness	and injury	
C) Improper me	dication use			
D) All of the abo	ve			
6) Which of the follow	ving types of food contribute	s fiber to the diet?		6)
A) Dairy produc	0 7 7	B) Whole-grain cer	eals	′ —

7) Which of the following normally occurs as part of the "fight-or-flight" response?

D) Shellfish

B) Blood pressure decreases

D) Digestion speeds up

7) _____

C) Meat

A) Heart rate decreases

C) Pupils dilate

8) Your patient is a 16-year-old male with a reported history of ingesting 8 to 10 beers over the					8)
concrete for concr	floor. There was no area of the head. The propriate concern fo	reported loss of consc he patient is alert and c	npoline in a garage, striking iousness, but the patient had briented to person, time, an urred speech. The parents a	as a laceration to the d place but fails to	
•	at the patient as an tment and transpo	•	nd allow him to decide whe	ether he wants	
B) Trea	at the patient unde	r the doctrine of implie	ed consent of the parents.		
•	ve the patient arres t the patient.	ted for underage drink	ing and obtain the consent	of law enforcement to	
	the doctrine of <i>res</i> transport.	ipsa loquitur to support	t your decision to either tre	at and release or treat	
	_	OT one of the common sist at scenes of medica	elements of Good Samarit	an laws offering	9)
•		to contact qualified em	<u> </u>		
·	people were not g	•	0 71		
·		o payment for their ser	vices.		
·	people acted in go				
10) A civil w	rong committed by	one individual agains	t another is a:		10)
A) mis	demeanor.	B) felony.	C) breach of duty.	D) tort.	
11) Which of	the following situa	ations MOST clearly in	volves the patient's consent	t?	11)
	Plummer, who wa was placed in four	1 0	, allows Paramedic Phillips	s to examine her after	
canı	not remember if he		t, has been drinking wine for Orleans, does not object woose level.	•	
	_		y to move him to the cot, but oke and that he really doesn	-	
D) Mrs	s. Davis offers Para	medic Stevens her left	arm after he explains to Mı	rs. Davis that he needs	

to start an IV to give her medication to relieve the pain from her fractured right humerus.

atient in cardiac arrest. The	12)					
out don't intubate or do CPR."						
mply with her orders.						
B) Tell the physician that because she called for an ambulance, you are bound to treat the patient according to the medical direction for the EMS service. If the physician would like you to do something different, she must speak with your medical control physician, accompany you to the hospital, and take complete responsibility for patient care.						
C) Tell the physician you cannot comply with her orders under any circumstances and that you are going to be filing a report with the state medical licensing board about her negligence in this case.						
n, but initiate appropriate care						
ns of:	13)					
orders.						
ls of care.						
form while carrying out their jobs	14)					
; orders.						
onal standard curriculum.						
	15)					
D) 18-20.						
	16)					
D) bladder.						
ıl expiration and the pressure	17)					
A) is higher than atmospheric pressure. B) equals atmospheric pressure.						
than atmospheric pressure.						
lowing equations?	18)					
A) $CPP = CVP - ICP$ B) $CPP = MAP - ICP$						
	mply with her orders. you are bound to treat the patient ophysician would like you to do rol physician, accompany you to e. any circumstances and that you g board about her negligence in m, but initiate appropriate care as of: orders. ds of care. form while carrying out their jobs g orders. bonal standard curriculum. D) 18–20. D) bladder. al expiration and the pressure than atmospheric pressure. than atmospheric pressure.					

D) CPP = ICP - MAP

C) CPP = MAP - CVP

19) The mediastinum is bounded laterally by the by the	, inferiorly by the, and superiorly	19)
A) lungs, diaphragm, thoracic outlet	B) thoracic outlet, heart, lungs	
C) lungs, thoracic outlet, diaphragm	D) diaphragm, lungs, heart	
20) Immediately after birth, an infant is allowed to sunipple, and palpation of the uterus suggests that t that the:		20)
A) posterior pituitary is secreting oxytocin.		
B) ovaries are secreting estrogen.		
C) posterior pituitary is not secreting oxytocin.		
D) ovaries are secreting estrogen and progester	one.	
21) Which of the following is NOT one of the body's t injury?	hree chief lines of defense against infection and	21)
A) Immune response	B) Homeopathic secretions	
C) Inflammatory response	D) Anatomic barriers	
22) Mast cells synthesize prostaglandins, which:		22)
A) increase vascular permeability.	B) cause pain.	
C) suppress histamine release.	D) all of the above.	
23) A patient is given antibody therapy in the hospita example of:	l as a result of an infection. This therapy is an	23)
A) passive acquired immunity.	B) active acquired immunity.	
C) idiopathic immunity.	D) natural immunity.	
24) Hypoperfusion results in:		24)
A) acidosis.	B) hypoxia.	
C) carbon dioxide retention.	D) all of the above.	
25) Which of the following is NOT part of the body's a	response in secondary MODS?	25)
A) Plasma protein systems are activated.		
B) Inflammatory mediators enter the system.		
C) Endorphin release contributes to vasodilatio	n.	
D) Catecholamine release is inhibited.		

26) Which type of	shock is characterized by hypo	tension, tachycardia, and laryngeal ed	dema? 26)
A) Anaphyl	actic	B) Eurogenic	
C) Cardioge	enic	D) None of the above	
27) Which of the fe	ollowing guidelines applies wh	en interviewing an adolescent patient	27)
A) Try to ha	we a parent or peer stay with th	e patient.	
B) Conduct	the interview in private.		
C) Rememb	er that, although they look grov	wn, adolescents still want to be treated	d like children.
D) Avoid as	king questions about such sens	itive topics as substance abuse and se	xual activity.
28) Which of the fo	ollowing best describes authori	tarian parents?	28)
A) Responsi	ive to the needs and wishes of t	heir children	
B) Expectan	at that the partner parents will o	liscipline the children	
C) Demand	ing and desires instant obedien	ce from their children	
D) Tolerant,	with an accepting view of their	r children's behavior	
29) Which of the fe	ollowing describes the Moro re	flex in the infant?	29)
A) The infar	nt's hand grasps an object place	d in the palm of the hand.	
B) When the	e infants lips are touched, he m	akes sucking motions.	
C) When the	e infant's cheek is stroked, he tu	rns his head in that direction.	
D) When sta	artled, the infant throws his arm	ns out wide and grasps with the finge	rs and arms.
30) Preconvention	al reasoning is characterized by	an orientation toward:	30)
A) concern v	with interpersonal norms.	B) concern with universal et	hical principles.
C) punishm	ent and obedience.	D) concern with community	rights.
31) The normal he	art of a toddler ranges from	to beats per minute.	31)
A) 120, 180	B) 100, 120	C) 80, 110 D)	60, 80
32) By the age of 8	0, cardiac vessel elasticity has c	lecreased by approximately	percent. 32)
A) 70	B) 60	C) 50 D)	40

33) If you were to administer an antidysrhythmic drug that was a complete sodium channel blocker, which of the following would you expect?				
	•	e 0, thereby inhibiting dep	olarization.	
B) It would cause en		tion, because sodium is th	e principle cation in	
C) It would prevent	the efflux (outflow) of ca	lcium from within the cell		
D) It would impede locations.	the sodium-potassium p	ump from replacing the io	ns to their original	
E) It would create a entering the cell.	greater positive charge in	ntracellularly, thereby prev	renting potassium from	
34) Which of the following	g best describes the initial	therapeutic benefit of furc	semide?	34)
A) It has no initial b of action.	enefit, but it later it provid	des a diuresis that has app	roximately 2 hours onset	
	at vasodilatory effect, there e fluids to the periphery.	eby reducing preload and	afterload and	
C) It achieves a rapi redistributes flui		overall reduction in intra-	vascular volume and	
-	ction in peripheral vascula y increasing preload.	r resistance by reducing a	fterload, but it improves	
35) Which class of hormor	nes is NOT synthesized ar	nd secreted by the adrenal	cortex?	35)
A) Catecholamines	·	B) Androgens		· -
C) Mineralocorticoi	ds	D) Glucocorticoids		
36) Which of the following	g medications has the sho	rtest half-life?		36)
A) Epinephrine	B) Verapamil	C) Digitalis	D) Adenosine	
37) In the renin-angiotens widespread vasoconst	,	AAS), which element is m	ost responsible for	37)
A) Angiotensin I		B) Angiotensinoger	1	
C) Angiotensin II		D) Angiotensin con	verting enzyme (ACE)	
38) Which of the following	-	-		38)
•		min to dissolve blood clot		
Δ) +PΔ	R) Henerin	C) Vitamin K	D) Coumadin	

39) Which of the following is a disadvantage of pulmonary drug administration via nebulizer or metered dose inhaler?				39)
A) It is necessary t by another rout		ed medications than if the d	rug was administered	
B) It requires that	the patient have adequate v	entilation.		
C) Side effects are	more likely with pulmonary	y drug administration.		
D) Pulmonary abs	orption is a slow route for d	rug administration.		
40) Which of the following iven period?	ng catheters would allow th	e greatest volume of fluid to	be delivered in a	40)
A) 14 gauge, 2"	B) 16 gauge, 2"	C) 14 gauge, 1 1/4"	D) 16 gauge, 1 1/4"	
41) Which of the following	ng is NOT a percutaneous ro	oute of medication administ	ration?	41)
A) Buccal	B) Inhalation	C) Sublingual	D) Transdermal	
42) Your patient weighs 22 lbs. and is to receive 0.02 mg/kg of atropine IVP. You have a multidose vial of atropine containing 20 ml at a concentration of 0.04 mg/ml. What volume (in mL) of medication is to be injected?				42)
A) 0.25	B) 0.5	C) 5	D) 2.5	
43) Which of the following	ng is considered a site of cer	ntral venous access?		43)
A) External jugula	r vein	B) Femoral vein		
C) Median cephali	c vein	D) Saphenous vein		
44) One teaspoon of med	lication equals mL			44)
A) 30	B) 5	C) 15	D) 10	
45) With which of the fol patient unless airway	,	ou NOT attempt endotrache	eal intubation of the	45)
A) Pulmonary eml	oolism			
B) Respiratory syr	ncyctial virus (RSV) infection	ns		
C) Epiglottitis				
D) COPD				

-	ich of the following is the correct o erted?	order of events after an endotracheal tube has b	een properly 46)			
A	A) Inflate the cuff with 5–10 cc of air, listen for equal breath sounds bilaterally, listen for breath sounds over the epigastrium, secure the tube.					
F	3) Inflate the cuff with 5-10 cc of air listen for breath sounds over the	ir, secure the tube, listen for equal breath sound e epigastrium.	s bilaterally,			
C	C) Secure the tube, listen for breath bilaterally, inflate the cuff with 5	sounds over the epigastrium, listen for equal b 5–10 cc of air.	reath sounds			
Γ	D) Inflate the cuff with 5–10 cc of air equal breath sounds bilaterally, s	ir, listen for breath sounds over the epigastrium secure the tube.	, listen for			
47) The	e patient with COPD may benefit fr	rom oxygen delivery through a Venturi mask b	ecause: 47)			
A	A) it delivers the highest oxygen con	ncentration possible.				
F	3) it both protects the airway and d	lelivers oxygen.				
(C) oxygen concentration is controlle	ed more carefully.				
Ε	O) it delivers intermittent positive p	pressure to the airway.				
48) Pro	·	alternating gradually with shallow, slower bre	eathing is 48)			
A	A) Cheyne-Stokes respirations.	B) Biot's respirations.				
(2) agonal respirations.	D) Kussmaul's respirations.				
49) Wh	at is, in liters per minute, the highe	est flow rate on a demand valve device?	49)			
A	A) 20 B) 30	C) 40 D) 1	5			
50) Wh	en correctly placed, the tip of a stra	aight laryngoscope blade should be:	50)			
A	A) under the epiglottis.	B) at the uvula.				
(C) at the soft palate.	D) in the vallecula.				
	ich of the following questions wou	ald provide the best quality and quantity of rele	evant 51)			
A	A) "What time do you normally eat	breakfast?"				
	B) "When was the last time you had					
	C) "Have you had breakfast?"					
)) "What have you had to eat and d	drink today?"				
	· ·					

52) Upon questioning your patient about whether he has been feeling any particular stress lately, he asks, "Do you think I'll have to wait very long in the emergency department?" This is most illustrative of:				52)
A) confrontation	٦.	B) distancing.		
C) using avoida	nce language.	D) overuse of profess	sional jargon.	
man is sitting up a	scene at which a pedestrian hand appears alert and responsive normal manner, you note that	ve. However, as you attem	pt to start your	53)
A) Confront the	patient with your inability to	help him if he does not tell	you what is going on.	
B) Ask the patie	ent to sign a refusal of treatmer	nt and transport form.		
C) Try to develo	op rapport by reviewing the rea	ason you were dispatched	on the call.	
D) Call the med	ical direction physician and all	low the patient to speak to	him or her.	
	ust asked Mrs. Jones, "Why did		n's office for a	54)
	instead of calling 911?" This ill			
_	educate the patient.	B) empathetic comm		
C) closed-ende	d questioning.	D) appearing to blam	ne the patient.	
55) Echoing a patient's	s message to the patient using	your own words is a techn	ique known as:	55)
A) explanation.	B) reflection.	C) facilitation.	D) clarification.	
56) question	s are used to guide the patient'	s answers.		56)
A) Closed	B) Distracting	C) Open-ended	D) Leading	
57) The active listenin	g technique of reflection involv	ves:		57)
A) confronting t	he patient if you detect incons	istencies.		
B) asking for cla	arification of the patient's comp	plaint.		
C) making eye	contact with the patient.			
D) repeating the	e patient's words exactly.			
58) Which of the follow	wing nonverbal cues demonstr	rates your sincerity to the p	patient?	58)
	o touch the patient even after h			, <u> </u>
	ır gaze most of the time so you			
	mforting touch or shaking the	-		
	ır arms across your chest and t	_		

59) A practical template for exploring various aspects of a chief complaint is:		59)
A) AEIOU-TIPS.	B) ABCDE.	
C) OPQRST-ASPN.	D) MOUSE.	
60) Which of the following statements is true?		60)
 A) Use a combination of open- and closed-er complaint. 	nded questions to gather a history of the chief	
B) Only ask a few questions as to not embarr	rass the patient.	
C) Always use closed-ended questions when	n gathering a history, because they save time.	
D) Always use open-ended questions, becau complaint.	se they give a more complete picture of the chief	
61) An example of a chief complaint includes all of	the following EXCEPT:	61)
A) leg pain.	B) myocardial infarction.	
C) nausea.	D) shortness of breath.	
62) Which of the following statements regarding patient communication is true?		
A) Avoid using interpreters, because they get	nerally only confuse the patient.	
B) Cultural differences make no difference in	n the professional world of medicine.	
C) Use language appropriate to the patient's	level of understanding.	
D) Use sophisticated medical terminology to	sound professional.	
63) If a visual acuity card or wall chart is unavailable	ole, you can still test for visual acuity by:	63)
A) counting the patient's raised fingers.		
B) rapidly flashing a light on and off.		
C) having the patient count your raised finge	ers.	
D) covering one eye and testing for light acco	ommodation.	
64) Which of the following findings is NOT a sign of	of peritoneal irritation?	64)
A) Abdominal pain upon light palpation	B) DeLorenzo's sign	
C) Rebound tenderness	D) Abdominal pain when the patient coughs	
65) When evaluating dorsiflexion, you should instr	ruct the patient to:	65)
A) "Point your foot upward."	B) "Point your foot downward."	
C) "Point your hand upward."	D) "Point your hand downward."	

66) You are palpating the abdomen of a 60-year-old male, and you feel a solid structure in the right upper quadrant. Upon percussion of the area, you hear a dull sound. The underlying structure is probably:		
A) an adrenal tumor.	B) the pancreas.	
C) the liver.	D) an aneurysm.	
67) If an abnormal finding is noted in the patient's examination, you should:	respiratory rate or pattern during the chest	67)
A) spend as much time as necessary to deter	rmine the cause.	
B) take immediate steps to intervene in the J	patient's condition.	
C) palpate the abdomen to see if there is refe	erred pain.	
D) record the finding and continue the exam	nination.	
68) Which of the following explanations is FALSE	regarding the need to perform a scene size-up?	68)
A) It will allow you to operate on the scene was	without worrying about possible hazards.	
B) It may give you important information the	nat will guide your medical care.	
C) It allows you to look for any hazards or d	langers.	
D) It may tell you to request additional resor	urces to the scene.	
69) Components of a scene size-up include all of the	he following EXCEPT:	69)
A) mechanism of injury.		
B) patient's chief complaint.		
C) changed body substance isolation precau	itions.	
D) location of all patients.		
70) A patient is complaining of abdominal pain, no you determine the occurrence of?	ausea, and vomiting. Which of the following should	70)
A) Coffee ground emesis	B) Discoloration of the tongue	
C) Unusual stress in the patient's life	D) An unusual taste in the mouth	
71) Why is a detailed physical exam rarely perform setting?	ned on critical trauma patients in the prehospital	71)
A) It produces too much patient anxiety.		
B) It is used only on medical patients.		
C) The rapid trauma assessment performs the	ne same function.	
D) It usually yields little immediately useful	information.	

72) You are a	assessing a 28-y	ear-old male with multip	le gunshots to his abdome	n. You should expect	72)
his skin t	to be:				-
A) hot	and moist.	B) warm and dry.	C) cool and moist.	D) cold and dry.	
	0	2	ted, you determine the mo		73)
•		•	n-making process is called		
•	ecting on the in		B) applying the princ	-	
C) inte	erpreting the da	ta.	D) forming a concept.		
	ne "six Rs" is to _ management.	, being honest and	d critical, looking for ways	s to improve your	74)
A) rev	iew the scene		B) review the patient	care form	
C) rev	iew the dispatcl	h information	D) review your perfor	rmance	
75) When un	nder pressure, y	our autonomic nervous sy	stem may respond by:		75)
2. impro3. increa	oving your reflex sing your musc				
A) 1, 2	, and 3	B) 1, 2, and 4	C) 1, 2, 3, and 4	D) 2 and 3	
76) The "figh	nt or flight" resp	onse can lead to:			76)
A) enh	nanced visual ac	cuity.	B) diminished muscle	e strength.	
C) diminished reflexes. D) enhanced criti			D) enhanced critical-	chinking ability.	
necessary			on initiating CPR, managir step-by-step approach of	,	77)
A) read	ctive.	B) reflective.	C) convergent.	D) divergent.	
78) Which of	f the following t	ypes of computer devices	involves contacting the sc	reen to enter data?	78)
A) Tou	ıch pad		B) Mobile data termin	nal	
C) Hai	ndheld portable	e device	D) Notebook		
79)	communication	ns are condensed and requ	uire a decoder to translate.		79)
A) Cel	lular	B) Telephone	C) Digital	D) Analog	
80) The num	ber of times per	r minute a radio wave osci	illates is its:		80)
A) ban	nd width.	B) frequency.	C) amplitude.	D) wavelength.	

81) Which of the follow	ving is the key link in the chair	n that results in the be	st possible patient outcome?	81)
A) Coordination		B) Communicat		
C) Conceptualiz	ation	D) Confrontation	n	
82) The federal agency	that controls and regulates no	ongovernmental comm	nunications is the:	82)
A) FCA.	B) FCC.	C) FAC.	D) FAA.	
83) The standard chart	ing abbreviation for nitroglyce	erin is:		83)
A) NTG.	B) NIT.	C) NGT.	D) NRG.	
84) Use of prehospital	care reports for quality improv	vement is an example	of their use.	84)
A) medical	B) administrative	C) legal	D) patient care	
85) Confidentiality of	a patient's prehospital care rep	ort is:		85)
A) not applicabl	e to noncitizens.			
B) the patient's	egal right.			
C) forfeited by t	he patient when he consents to	treatment.		
D) not applicabl	e to patients who are not exped	cted to survive.		
86) Which of the follow documentation?	ving would be most useful for	paramedics to carry v	with them as an aid to proper	86)
A) Copy of prev	ious charts	B) Pocket-sized	medical dictionary	
C) Quality assur	rance policy	D) Pocket-sized	thesaurus	
87) Why should the PO	CR be completed immediately	after the call?		87)
A) You must get	back in service.			
B) The medical	control physician must sign it.			
C) The informat	ion is fresh in your mind.			
D) The receiving	g facility demands it.			
88) Which of the follow	ving is NOT true of trauma tria	age criteria?		88)
	atient injuries with their mech ounding trauma triage criteria.	anisms has been prov	ren to be essential to decision	
_	ts meet any of the trauma triag y, because they do not meet all	•		
_	e criteria is geared to help you out your trauma patient.	formulate an index o	f suspicion when making	
	e criteria are guidelines to help ı trauma center.	you determine whet	her your patient needs	

89) A trauma system is base	d on the principle that s	serious trauma is a	disease.	89)
A) psychological	B) surgical	C) trauma	D) medical	
90) The purpose of determing patient at the same time	0	njury and the index of su	spicion for the trauma	90)
A) document a compl	ete scene size-up.	B) decide whethe	r to transport the patient.	
C) identify comorbid	factors.	D) anticipate your	patient's injuries.	
91) Which of the following p by a trauma center?	oatients does NOT requ	ire specialty center capal	pilities beyond that offered	91)
A) 67-year-old with p	partial and full thicknes	s burns over 50 percent o	of the body	
B) 4-year-old with a	closed head injury			
C) 25-year-old with a	amputation of three fing	gers		
D) 22-year-old with l	pilateral open femur fra	ctures		
92) Which of the following p	physical findings indica	tes the need for immedia	te transport?	92)
A) Fractured right fen	nur			
B) Revised Trauma So	core of 12			
C) Vital signs: blood p	oressure 80 by palpation	n, heart rate 130, and resp	piratory rate 12	
D) Partial thickness b	urns involving 9 percen	t of total body surface ar	ea	
93) Which of the following l	pest defines the term <i>ene</i>	ergy?		93)
A) The rate of motion	related to time			
B) The capacity to do	work			
C) The ability to defor	rm solid objects			
D) The amount of hea	t generated through frie	ction		
94) Which of the following i	njuries is associated wi	th the pressure wave pro	duced by a blast?	94)
A) Lacerated liver		B) Ruptured sple	en	
C) Fractures		D) Pneumothorax		
95) Which of the following of damage alone in a latera	9	, ,	icipated from vehicle	95)
A) Increased gravitati	onal forces due to mult	iple changes in direction	and velocity	
B) Lack of a crumple	zone			
C) Taking the up-and	l-over pathway			
D) The force of side-i	mpact airbag deployme	ent		

-	ring types of impact shoul- be greater than the damag	•	x of suspicion because the	96)
A) Rotational	B) Rear-end	C) Lateral	D) Frontal	
97) Which of the followin	g is true of supplemental	restraint systems?		97)
A) They are primar	rily useful in preventing in	jury to infants and child	ren riding in the front seat.	
B) They guarantee	against thoracic impact w	ith the steering wheel.		
C) When worn inco	orrectly, they may cause sp	oinal injury or decapitation	on.	
D) They may deplo	y during rescue operation	s, injuring the patient and	d/or EMS personnel.	
98) As a bullet tumbles, it	ts potential to inflict dama	ge:		98)
A) is determined by	y the trajectory.	B) increases.		
C) decreases.		D) remains the sar	ne.	
99) Which of the followin	g is true of shotgun ammı	unition?		99)
A) The closer the sl	nooter is to the victim, the	larger the area of visible	damage.	
B) "Double ought"	or "00" shot contains a larg	ge number of relatively si	mall pellets.	
C) The shot is disp	ersed from the cartridge w	rith high velocity.		
D) A shotgun may	either fire one slug or use	ammunition with multip	le pellets.	
100) Which of the followin penetrating trauma?	g abdominal organs is the	least affected by the pres	ssure wave associated with	100)
A) Liver	B) Kidneys	C) Spleen	D) Bowel	
101) Which of the followin	g statements about entran	ce and exit wounds is tru	ıe?	101)
A) Entrance wound	ls most often appear as ste	ellate.		
B) Cavitational wa	ve energy is greatest at a b	oullet's point of entrance.		
C) Exit wounds ref	lect the potential for dama	ge more accurately than	entrance wounds.	
D) Exit wounds are	usually the size of the bu	llet's profile.		
102) As the mass of an obj	ect increases, which of the	following occurs?		102)
A) The maximum s	peed it can attain decrease	es.		
B) The maximum s	peed it can attain increase	S.		
C) The amount of ϵ	energy increases.			
D) The amount of e	energy decreases.			

103	103) Your patient is a 29-year-old male who works in a meat-processing plant. He received a knife wound in the proximal antero-medial thigh, which is continuing to bleed on your arrival. He is restless, thirsty, and has pale, cool skin. He has a weak radial pulse of 130 and a blood pressure of 118/88. This patient is exhibiting signs and symptoms consistent with a Stage hemorrhage.			103) _		
	A) 2	B) 1	C) 4	D) 3		
104) Which layer of the ar	teries controls the di	ameter of the vessel?		104)	
	A) Tunica externa		B) Tunica intima			
	C) Tunica adventit	ia	D) Tunica media			
105) Which of the followir	ng impairs blood clot	tting?		105)	
	A) Hypothermia					
	B) Use of nonstero	idal, anti-inflammat	ory medications			
	C) Administration	of IV fluids				
	D) All of the above	:				
106		- ·	ve experienced significant blood utely contraindicated?	d loss and are hypotensive,	106)	
	A) 35-year-old pre vehicle collision	_	bilateral femur fractures sustair	ned in a head-on motor		
	B) 31-year-old ma	n with a stab wound	d between his thoracic vertebral	column and right scapula		
	C) 19-year-old fen	nale with an unstabl	e pelvis after being thrown fron	n a horse		
	•		od loss from a severed popliteal cted by a lawn mower	artery as a result of being		
107		•	who was impaled in the chest	•	107)	
	the third intercostal s note air being sucked exhalation. The patien The patient's respirate sitting against a tree a	pace in the midclaving into the wound who into is anxious and has ory rate is 28, and brand refuses to lie down	een removed on your arrival. You cular line on the right. There is then the patient inhales, but air do a weak radial pulse of 116 that eath sounds are absent on the rown. You note jugular venous disoususpect in this patient?	minimal bleeding. You pes not exit the wound on disappears on inhalation. ight side. The patient is		
	A) Hypovolemic a	nd obstructive	B) Respiratory and	d hypovolemic		
	C) Distributive and	d respiratory	D) Obstructive and	d respiratory		

108) For most open, soft-tissue wounds managed by the paramedic in the prehospital setting, which of the following are desirable characteristics of the dressing and bandaging materials?				108)
 Occlusive Nonocclusive Adherent Nonadherent Absorbent Nonabsorbent Sterile Nonsterile Wet Dry 				
A) 1, 3, 6, 8, 10	B) 2, 4, 5, 7, 10	C) 1, 3, 6, 7, 9	D) 2, 4, 5, 7, 9	
109) Which of the following	statements about crush i	injuries is true?		109)
A) Crush injuries are	e easily identifiable becau	ise they invariably result i	n deformity.	
B) The actual source	e of bleeding in crush inju	rries may be hard to identi	fy.	
C) A spongy sensati	on on palpation of the inj	jured area indicates crush	injury.	
D) Only closed injur	ies can be classified as cr	ush injuries.		
-	ked by another party with with moderate bleeding.	address you know to be a h a broken beer bottle. You Which property of your d	ur patient has a large	110)
A) Sterile	B) Adherent	C) Occlusive	D) Absorbent	
111) The bacteria most ofter	n associated with infection	n of open soft-tissue injur	y is:	111)
A) streptococcus.		B) pseudomoans a	eruginosa.	
C) E. coli.		D) staphylococcus.		
	unding cough productive s singed. You have a 20-1	e of sooty sputum, and the		112)
A) Insertion of a nor	nvisualized dual lumen a	irway, such as a CombiTu	be	
B) Consult with med intubation	dical control concerning r	rapid sequence induction a	and endotracheal	
C) 100% oxygen by	nonrebreathing mask			
D) A nebulized albu	terol treatment			

				113)
degrees Fah				
A) 100,000, 50,000	B) 5,000, 150,000	C) 50,000, 100,000	D) 150,000, 5,000	
114) You are caring for a p	atient with 30 percent full-	and partial-thickness burr	ıs. He is an 80 kg male.	114)
According to the Park	land formula, he should red d in the first 8 hours.			, <u></u>
A) 4.5, 1.25	B) 8.2, 2	C) 5, 3	D) 10.6, 5.3	
female who was sunb	ched to a call for a burn pat athing and fell asleep. She i extremities, abdomen, face, es?	s alert and oriented and in	moderate pain. She has	115)
A) Superficial	B) Minor	C) Critical	D) Moderate	
116) Your patient is a 60-y	ear–old female driver of a v	vehicle involved in a mode	rate-speed frontal	116)
the bottom of the stee is in the back seat with of pain "in her legs." S respirations of 24, and	estrained, but airbags deploring wheel ring is deformed in manual cervical spine stal the appears pale, her skin is I clear, equal bilateral breat tability on assessment of the atient?	d. On your initial approach pilization. The patient is an cool but dry, she as a thre h sounds. Her abdomen is	to the vehicle, an EMT xious and complaining ady radial pulse of 116, soft and nontender, and	
	r, rapid extrication onto a lo splints, begin transport, ar		•	
backboard, use	r, placement of a seated-spi he long board to immobiliz f lactated Ringer's solution,	e the lower extremities, be	gin transport, start two	
backboard, appl	r, placement of a seated-spi y bilateral traction splints, b s solution, and request orde	oegin transport, start two la	9	
, , , ,	r, rapid extrication onto a lonsport, and start two large-	0	1.1	
117) A dislocated knee is n	nost likely to damage which	n of the following vascular	structures?	117)
A) Femoral vein		B) Femoral artery		
C) Great saphenou	s vein	D) Popliteal artery		
causing his body to re	oall player who had his righ otate around the axis of his a of the following types of fr	right lower extremity. This		118)
A) Oblique	B) Impacted	C) Comminuted	D) Spiral	

119) When assessing a long bone injury, you should assume you are dealing with a joint injury when the site of injury is within inch(es) from the joint?					
A) 6	B) 1	C) 3	D) 2		
120) Drowsiness followi	ng trauma to the head is	indicative of dysfunction o	f which of the following?	120)	
A) The cerebral o	cortex	B) Midbrain			
C) Pons		D) The ascending	reticular activating system		
121) For the patient with transport is:	n suspected traumatic bra	ain injury, the ideal position	ing of the patient for	121) -	
A) on a long bacl	kboard with the foot of tl	ne backboard in a 15-degree	Trendelenburg position.		
B) on a long bacl	kboard with the patient's	feet elevated on pillows to	achieve a 15-degree angle.		
C) in a left latera	l recumbent position on	the backboard.			
D) on a long back	kboard with the head of	the backboard elevated 30 d	egrees.		
122) Which of the follow traumatic brain inju	_	e administration of dextrose	to the patient with a	122) _	
	in injury who have an al	orer neurological outcome. tered mental status should 1	All patients with suspected eceive 25 grams of dextrose		
B) Hypoglycemi is not a priori	-	eurological outcome; assess	ng the blood glucose level		
	-	orer neurological outcome; and of dextrose intravenously	<u>C</u>		
, ,,	ia is associated with a poith traumatic brain injur	oorer neurological outcome; y.	never administer dextrose		
,	pupillary dilation. En ro	chicle collision who has clos ute, he experiences projectil		123) _	
A) Tentorial herr	niation				
B) A mild brain	injury combined with ald	cohol ingestion			
C) Central hernia	ation syndrome				
D) Epidural hem	atoma				
_	-	ped 25 feet from a bridge in	to a dry creek bed. He is	124) _	
A) T-4.	a compression fracture of B) L-1.	or: C) S-1.	D) C-7.		
/ 1/ 1 - 1 .	D1 L-1.	C1 0-1.	D1C-7.		

125) Which of the following best explains the presentation and prognosis of partial spinal cord transection injuries?	125)
A) Partial cord transections result in only temporary loss of function, because the intact portions of the spinal cord will take over the functions of the injured areas.	
B) The spinal cord functions as an "all or none" conduit for nerve impulses. Therefore, whether cord transection is partial or complete has no practical significance.	
C) The areas of the spinal cord damaged by partial transection can regenerate as long as some cord tissue remains intact at the level of injury.	
D) Different functions of the spinal tracts are located in anatomically different areas of the spinal cord, resulting in specific patterns of dysfunction depending on the location and mechanism of injury.	
126) Which of the following best describes a herniated intervertebral disk?	126)
A) The nucleus pulposa extrudes through a tear in the fibrous layer of the disk, applying pressure to the spinal cord.	
B) The disk slips laterally, tearing the spinal ligaments at the site.	
C) The disk thins and becomes brittle, allowing the spine to become unstable.	
D) None of the above.	
127) Which of the following statements is NOT true regarding spinal immobilization for the patient wearing a helmet?	127)
 A) Helmets must be removed when you anticipate the patients will develop airway or breathing problems. 	
B) Most full helmets provide adequate stabilization of the head, but it may be necessary to place a pad under the shoulders to achieve neutral alignment of the head.	
C) Helmets must be removed when they prevent assessment of injuries.	
D) The spherical shape of full helmets makes them difficult to secure to a long backboard.	
128) Which of the following best describes the threat to life associated with traumatic rupture of the esophagus?	128)
A) Hypoxia	
B) Entry of gastric contents into the mediastinum	
C) Decreased cardiac output	
D) Massive hemorrhage	
129) Which of the following will result in an open pneumothorax?	129)
A) Any opening between the pleural cavity and the atmosphere	
B) Open defects that are 2/3 the size of the trachea or larger	
C) Open defects that are 1/4 the size of the trachea or larger	

D) Only open defects that are larger in diameter than the trachea

130) Which of the following statements is NOT true of pericardial tamponade?			130)		
A) The pathophysiology results in increased venous pressure and decreased cardiac output.					
B) It is most often asso	ciated with penetrating	trauma.			
C) As little as 150 ml o	f blood can cause perica	rdial tamponade.			
D) The presence of per	icardial tamponade is in	dicated by Cushing's triac	l.		
131) Traumatic asphyxia is a(ı	n) type of injur	y.		131)	
A) decompression	B) compression	C) deceleration	D) acceleration		
132) Which of the following is contact between the patie	•	-	on without actual	132)	
A) Shearing injury of the liver B) Rupture of the colon					
C) Blunt trauma to the	pancreas	D) Kidney contusion			
133) Which of the following guidelines applies to prehospital fluid resuscitation of hypotensive patients with intra-abdominal hemorrhage?				133)	
	r colloidal solutions are	best for fluid resuscitation	of patients with		
B) IV access should be the prehospital sett	_	lock, but fluid resuscitatio	n is contraindicated in		
C) In most cases, fluid	administration should b	e limited to 3 liters of isoto	onic crystalloid solution.		
D) IV access is only ne	cessary if the use of PAS	G fails to improve the pati	ent's clinical condition.		
134) The injury in which abdowall is best described as:	minal organs protrude t	hrough a large, deep lacer	ation of the abdominal	134)	
A) disimpaction.		B) a gutting injury.			
C) herniation.		D) evisceration.			
135) Which of the following is diaphragm?	true of the patient with	a suspected penetrating ir	njury to or rupture of the	135)	
A) This is the only abd	ominal injury in which i	removal of an impaled obj	ect is recommended.		
B) This is one of the pr	rimary indications for the	e use of PASG.			
C) Breathing is not imp	paired unless abdominal	organs migrate into the th	noracic cavity.		
D) Pneumothorax may	occur even if the thorac	ic cage is intact.			
136) Which of the following is	NOT an intrinsic risk fa	ctor associated with respi	ratory disease?	136)	
A) Cigarette smoking		B) Cardiac disease			
C) Stress D) Genetic predisposition					

findings are all within normal limits, yet your pulse oximeter is indicating an oxygen saturation of 38 percent. All of the following could contribute to this reading EXCEPT:				137)	
A) peripheral vasocons	triction.	B) an inadequately s	sized finger probe.		
C) carbon monoxide po	oisoning.	D) nail polish on the	patient's fingernail.		
138) Management of a patient	who is hyperventilating	should include:		138)	
A) coaching the patient	to hold breath.				
B) withholding oxygen	ı .				
C) the administration or ventilations.	of oxygen and "coaching"	the patient to reduce the	rate and depth of		
D) breathing into a non respiratory alkalosis		es NOT have 100% oxyge	en flowing to correct		
139) Which of the following sta	atements about capnogra	aphy is FALSE?		139)	
A) It is a useful tool to	verify proper endotrache	eal tube placement.			
B) Normal end-tidal C	O ₂ values are between 3	35–45 torr.			
C) It can give objective cardiac arrest.	feedback on the efficacy	of ventilations being pro	ovided to a patient in full		
D) It can be useful whe	n diagnosing specific pu	lmonary pathologies.			
140) Pharmacological interven congestive heart failure in		• •	e treatment of	140)	
A) nitroglycerin.	B) dopamine.	C) furosemide.	D) albuterol.		
141) Your patient is found sitti	0	-		141)	
became lightheaded and 1 bradycardia at a rate of 48		-	monitor shows a sinus		
A) Use of sympathomia	metic medications	B) Increased parasyr	mpathetic tone		
C) disease of the cardia	c conduction system	D) Sick sinus syndro	ome		
142) Which of the following is	the most likely result of	increased pulmonary art	ery pressure?	142)	
A) Increased right vent	ricular workloads and co	or pulmonale			
B) Decreased right atri-	al workload and right ve	entricular hypertrophy			
C) Increased left ventri	cular workloads and cor	pulmonale			
D) Increased left ventri	cular workloads and cor	ngestive heart failure			

143) A 12-lead ECG that reveals ST elevation in all of the precordial leads most indicates myocardial:				143)
A) infarction to the left and right ventricles.				
B) injury to the right	ventricle and septum.			
C) ischemia to the le	ft ventricle and septum.			
D) injury to the right	ventricle, left ventricle, an	d septum.		
	ute-long episode of muscu ness, lacked an aura, and h	ılar jerking and contractin	g of her entire left arm.	144)
A) petit mal	B) simple partial	C) psychosomatic	D) absence	
145) Your patient is experied cheek, and round his o	ncing sharp, stabbing, righ rbit. This best describes:	t-sided face pain of his up	per and lower lips,	145)
A) torticollis.		B) Bell's palsy.		
C) myoclonus.		D) trigeminal neuralg	ia.	
146) Which of the following	is a risk factor for stroke?			146)
A) Premature atrial o	contractions	B) First-degree heart	block	
C) Sinus arrhythmia		D) Atrial fibrillation		
147) A form of spina bifida in the spine is a(n):	in which some of the spina	l cord and meninges are p	rotruding from a defect	147)
A) hydrocele.		B) meningioma.		
C) myelomeningoce	le.	D) osteogenesis impe	rfecta.	
148) Your patient is a 56-year				148)
the following EXCEPT:	od glucose is 54 mg/dL. Pro	oper treatment for this pati	ent could include all of	
A) IV of NS.				
B) administration of	oral glucose if the patient	is able to swallow.		
C) consideration of I	D50 IV if the patient cannot	follow simple commands		
D) 5-10 mg of gluca	gon IM.			
149) Damage resulting in in	activity to pancre	eatic cells would result in h	yperglycemia.	149)
A) islet	B) alpha	C) delta	D) beta	

increased urination and thirst. She called dizziness while getting out of bed. Your a regular, and an HR of 122 and regular. You	ory of type II diabetes presents with a 4-day history of EMS this morning when she experienced a brief period of assessment reveals a BP of 108/60, RR of 14/min and ou also note that the patient is slightly confused and has eased on this patient presentation, what other finding	150)
A) Fruity breath odor	B) A blood glucose of 68 mg/dL	
C) Atrial flutter	D) Glucosuria	
5-day history of increased thirst, urinatio dry mucus membranes. HR is 110, BP is 9	endent diabetic complaining of weakness. He states a n, and hunger. You note that he has warm, dry skin and 8/70, and respiratory rate is 20 and deep. Blood glucose is nents BEST describes the pathophysiology of this patient's	151)
A) Polydipsia results in increased flow	in the kidney and increased urination.	
B) Elevated glucose levels result in hyp	permetabolism and reduces fluid volume.	
C) Glucose is not reabsorbed by the tub diuresis and loss of fluid volume.	pule and remains in the urine, resulting in osmotic	
D) Osmotic diuresis results in elevated increased urination.	blood glucose, increased glucose in the tubule, and	
	s, itching, dyspnea, coughing, tachycardia, and dizziness night also expect to see all of the following signs EXCEPT:	152)
A) laryngeal edema.	B) hypertension.	
C) bronchospasm.	D) cyanosis.	
153) Your female partner experiences an itchy,	red rash on her hands that stops at the wrists after using	153)
a new brand of gloves your service purch contain latex. You note that your partner's her body lacks rash or urticaria, and that l	ased. The box the gloves came in indicates that the gloves is skin is warm, dry, and nondiaphoretic, that the rest of her lung sounds are clear bilaterally. Other than the itchy 12, BP = 122/80. Of the following treatments, which is the	, <u> </u>
A) Diphenhydramine IM, transport		
B) Oxygen via nasal cannula 4 lpm, car diphenhydramine IM, transport	rdiac monitor, IV of NS KVO, epinephrine IV,	
C) Oxygen via nonrebreather mask 15 l diphenhydramine IM, transport	lpm, cardiac monitor, IV of NS KVO, epinephrine SQ,	
D) BLS transport to an ED for a checku	p	

154) Following exposure to an allergen, a patient experiences a release of histamine and heparin into the surrounding tissues. Which of the following best explains the cause of the histamine and heparin release?					
A) IgE antibodies have attach resulting in degranulation.		e membranes of bas	sophils and mast cells,		
B) Humoral cells have initiate	ed a chemical attack	on the antigens.			
C) IgE antibodies have activa histamine and heparin.	C) IgE antibodies have activated the membranes of B and T cells, resulting in the release of histamine and heparin.				
D) IgG and IgM antibodies ha	ive activated basopl	hils and mast cells,	resulting in degranulation.		
155) Which of the following medicati abdominal cramping associated		ergic reactions and a	anaphylaxis also relieves the	155)	
A) Epinephrine		B) Dopamine			
C) Diphenhydramine		D) Ranitidine			
156) Your patient is a 20-year-old ma				156)	
3-day history of diffuse abdomi lower right quadrant this mornithat he is now lightheaded, naus reveals his skin to be cool, pale, 132, BP = 76/50, RR = 22, SaO ₂ = in addition to giving oxygen, we	ng. He states that the seated, and has vom and diaphoretic, and 95%. Based on his	ne pain became acut nited numerous tim d he will not let you	tely worse 1/2 hour ago and es. Physical examination u palpate his abdomen. HR=		
A) IV of normal saline wide open, left lateral recumbent position, phenergan IV, transport.					
B) IV of normal saline, fluid challenge, left lateral recumbent position, expedited transport.					
C) IV of normal saline wide o	pen, Trendelenburg	g position, rapid tra	nsport.		
D) IV of normal saline, fluid o	hallenge, supine po	osition, expedited tr	ansport.		
157) Your patient is a 46-year-old m with defecation. He states that h noted blood on his stool afterwa illness, and takes no medication stool. Of the following, which is	ne had to strain signi ards. He claims no si s. You note the pres	ificantly to produce ignificant medical h ence of bright red b	e a bowel movement, then history, has had no recent blood on the surface of his	157)	
A) Hemorrhoids B) I	Upper GI bleed	C) Colitis	D) Crohn's disease		
158) McBurney's point, a common sit	te of pain secondary	to appendicitis, is	located:	158)	
A) 2 inches above the umbilic	rus in the midline.				
B) 1–2 inches above the iliac of	crest in the right mid	daxillary line.			
C) at the midway point of a li crest.	ne from the symphy	ysis pubis to the rig	ht anterior, superior iliac		
D) at the midway point of a li	ne from 1–2 inches	above the right iliad	c crest to the umbilicus.		

159) Which of the following statements about renal dialysis is TRUE?	159)
A) Dialysis mimics the physiology in the nephron in that fluid moves from an area of high solute concentration to an area of low solute concentration.	
B) Dialysis mimics the physiology in the nephron in that it relies on the principles of osmosis and equalization of osmolarity across a semipermeable membrane.	
C) During dialysis, substances such as Na+, K+, H+, and urea are removed from the dialysate across a semipermeable membrane.	
D) Dialysis uses a pump to actively transport substances such as Na+, K+, H+, urea, and creatinine across a membrane.	
160) Your patient is a 68-year-old male, supine in bed and unconscious with snoring respirations. The patient's wife states that he was complaining of bilateral flank pain for days and stopped producing urine yesterday. She also describes a rapid deterioration of his mental status and consciousness level over the past 24 hours. Medical history includes type I diabetes. Physical examination reveals cool, diaphoretic skin and slight edema to the face, hands, and flanks. Lung sounds are clear bilaterally. HR = 112, BP = $116/66$, RR = 12 and shallow, $SaO_2 = 92\%$. Which of the following is most appropriate?	160)
A) Oxygen by nonrebreathing mask, IV of normal saline at a keep-open rate.	
B) Oxygen by nonrebreathing mask, administer 1 liter of normal saline intravenously.	
C) Assist ventilations using supplemental oxygen, intubate, IV of normal saline at a keep-open rate.	
D) Intubate, ventilate with supplemental oxygen, IV of normal saline, 250 mL fluid bolus.	
161) Your patient is 32-year-old female, alert and complaining of dysuria. She describes a 3-day history of urinary pain, urgency, and difficulty. She describes her dysuria as a 5 on a scale of 1-10. Physical examination reveals tenderness on palpation of the lower abdomen, bilaterally, and warm, dry skin. $HR = 88$, $BP = 126/78$, $RR = 12$. The most appropriate action is:	161)
A) oxygen via nasal cannula 4 lpm, cardiac monitor, IV of NS with fluid administration, morphine IV, transport in position of comfort.	
B) BLS transport in position of comfort.	
C) oxygen via nasal cannula 4 lpm, cardiac monitor, IV of NS KVO, morphine IV, transport.	
D) oxygen via nasal cannula 4 lpm, cardiac monitor, IV of NS with fluid administration, morphine IV, transport.	
162) A 54-year-old female presents conscious and alert in significant pain after a rattlesnake bite to her hand. You note two small puncture wounds surrounded by a swollen, red area. She states that she is nauseous and has chills. Your management of this patient should include:	162)
A) full immobilization of the patient.	
B) immobilization of the affected arm in a neutral position; apply a constricting band.	
C) immobilization of the affected arm in a neutral position.	

D) immobilization of the affected arm in a neutral position; apply ice packs to bite area.

163) Which of the following is a highly toxic, odorless, tasteless gas that is a by-product of incomplete				163)
combustion?				
A) Carbon dioxide		B) Cyanide		
C) Carbon monoxide		D) Methane		
164) Of pit viper deaths, 90 p	ercent occur within the	e first:		164)
A) 30 minutes.	B) 24 hours.	C) 48 hours.	D) 1 hour.	
but has progressed from history of sickle cell and skin; pain with palpation	nis hands and feet, as w n an initial rating of 5/10 mia and denies any tra n to all 4 abdominal qu	n male who is alert but in so rell as abdominal pain. The O to a 9/10 at the present tin uma. Physical examination adrants; splenomegaly; an te acute diagnosis and tre	e pain began this morning me. The patient has a n reveals cool, diaphoretic d a priapism. HR = 132,	165)
	Administer oxygen acc	cording to pulse oximetry for pain.	readings, start an IV of	
B) Sickle cell disease.	Administer morphine	for pain.		
C) Sickle cell occlusiv and morphine.	e crisis. Administer oxy	ygen by nonrebreathing m	ask, isotonic crystalloids,	
D) Sickle cell trait. Ad bolus of isotonic cr		ling to pulse oximetry rea	dings, and give a 500 mL	
166) Which of the following s	statements about leuke	mia is TRUE?		166)
A) Leukemias are can	cers of erythrocytes.			
B) Infections seconda	ry to low levels of circu	ılating neutrophils are con	nmon.	
C) The pediatric mort	tality rate is greater than	n 50 percent.		
D) Leukemia is a dise	ase of children and you	ing adults, not older adult	s.	
167) Prehospital treatment fo	or a hemophiliac patient	t who is bleeding is to:		167)
A) administer IV colle	oid solutions.			
B) control bleeding w	vith direct pressure.			
C) contact online med	lical control for factor \	/III infusion.		
D) provide aggressive	e IV therapy with isotor	nic crystalloids.		

168) A 12-year-old male is pulled from the ocean in cardiopulmonary arrest after drowning. While en route to the hospital, you auscultate lung sounds to verify that your endotracheal tube is still in place and note pulmonary edema. Which of the following BEST explains the pathology of the developing pulmonary edema?				168)	
1	A) An increased osmot	ic gradient is drawing w	ater from the bloodstream	n into the alveoli.	
-	B) There is aspiration p	neumonia.			
(C) Heart failure second	ary to cardiac arrest has	produced pulmonary cor	ngestion.	
I	D) There is an acute inf	lammatory response to	pollutants in the seawater		
169) Wł	nich of the following di	sorders is characterized	by painful muscle contrac	ctions and weakness?	169)
1	A) Heat cramps		B) Hypocalcemia		
(C) Thermal intolerance		D) Pyrospasms		
		-	ge rapidly ascends from 3 living emergencies EXCEI	_	170)
1	A) pulmonary overpres	ssure injury.	B) decompression in	jury.	
(C) nitrogen narcosis.		D) arterial gas embol	i.	
171) Wł	nich of the following or	ganisms causes mononu	ıcleosis?		171)
1	A) Herpes zoster		B) Epstein-Barr viru	S	
(C) Treponema		D) Pediculus human	us capitus	
	nich of the following ty production?	pes of agents act specific	cally by inhibiting bacteria	al growth or	172)
1	A) Aseptic	B) Bacteriostatic	C) Pathological	D) Antiseptic	
	nich of the following ag ndards to regulate wor		ency responsible for estab	olishing guidelines and	173)
1	A) OSHA	B) FEMA	C) NFPA	D) CDC	
174) Wł	nich of the following be	est describes the position	or bearing of the body?		174)
1	A) Affect	B) Posture	C) Facies	D) Stature	
175) Wł	nich of the following is	NOT a common pathop	hysiological cause of beha	vioral emergencies?	175)
A) Underlying psychiatric illness B) The environment					
C) Use of recreational drugs and alcohol D) Psychosocial stressors					

176) Which of the following is NOT likely to negatively impact the emotional or behavioral status of a patient with a psychiatric disorder?			
A) Following the same daily routine			
B) Medical illness			
C) Taking recreational drugs and using alco	hol		
D) Stressful situations			
177) Which of the following is TRUE of mittelschme	erz?	177)	
A) It is a sign of ectopic pregnancy.			
B) It is associated with ovulation.			
C) It is typically located unilaterally in one of	of the upper abdominal quadrants.		
D) It is usually accompanied by heavy vagir	nal bleeding.		
178) Which of the following is NOT appropriate in	the care of a victim of a sexual assault?	178)	
A) Be especially attentive to the victim's mod	desty.		
B) Touch the patient's shoulder or pat her or	n the leg often to reassure her.		
C) Approach the patient in a calm, profession	onal manner.		
D) Explain all procedures and ask for permi	ssion before beginning.		
179) Endometritis is a complication associated with	all of the following EXCEPT:	179)	
A) elective abortion.	B) ectopic pregnancy.		
C) spontaneous abortion.	D) childbirth.		
180) Which of the following statements about traun	na in pregnancy is NOT true?	180)	
A) Maternal catecholamine release can cause	e uterine hypoperfusion and fetal bradycardia.		
B) The risk of musculoskeletal injury is incre	eased.		
C) Signs and symptoms of shock generally of	occur early and consistently.		
D) The risk of domestic violence is increased	1.		
181) Which of the following is NOT useful to the proof a pregnant patient?	rehospital care provider when obtaining the history	181)	
A) The father's general health	B) Estimated due date		
C) Outcomes of previous pregnancies	D) History of prenatal care		
182) Meconium staining indicates:		182)	
A) fetal distress.	B) prematurity.		
C) gestational diabetes.	D) eclampsia.		

183) Which of the following is an appropriate beginning dosage of dopamine per minute for a 5 kg neonate?			183)	
A) 50 mcg	B) 25 mcg	C) 5 mcg	D) 15 mcg	
184) Which of the follow	ing is true of secondary apr	nea in newborns?		184)
A) The first interv	vention is "blow-by" oxyger	n held 1/2 inch from the n	ewborn's face.	
B) Secondary apr	nea only occurs in small-for	-gestational-age newbor	ns.	
C) This condition	requires ventilatory assista	ince.		
D) Epinephrine is	s the preferred primary inte	rvention.		
petite primapara. U right arm, although	-	nat there is no spontaneo	whose mother is a rather us movement of the infant's 1-minute APGAR score of	185)
A) Neonatal abst	nence syndrome	B) Fractured clavi	icle	
C) Spinal cord da	mage	D) Caput succeda	neum	
•	owing ages does the risk of ally developing infant?	foreign body airway obst	ruction become a serious	186)
A) 3 months	B) 12 months	C) 6 months	D) 1 month	
properly secured in him out of the seat a provide spinal imm	nonth-old who was a restra his child safety seat at the t and is holding him. Due to t obilization for the patient. Y ne following is the best way	ime of the collision, but he he significant mechanism You have found that you	uis mother has since taken n of injury, you are going to lack a cervical collar that	187)
of saline on ea	on a long backboard with a ch side of his head. Place piaps, to secure the patient to	illows on both sides of his	shoulders and a 1000 cc bag s body and use 2-inch tape,	
with soft dress Place a towel i	est cervical collar available, sing material. Place him bac coll on each side of his head rel rolls and the patient's he	k in the car seat with pad . Use 2-inch tape across t	ding behind his head.	
blanket around motion of his	back in his car seat. Pad be d the back of his neck like a neck. Place towel rolls on bo ing the towel rolls and the p	scarf, crossing the ends in the sides of his head and	n front to limit the range of	
gauze to secur	um-length padded board see it to his body and tape to ld him on her lap to comfor	secure it to his head. With		

188) Toddlers are represented in which of the follow	wing age groups?	188)
A) 2 years to 4 years	B) 1 year to 2 years	
C) 1 year to 3 years	D) 1 month to 2 years	
189) Which of the following does NOT contribute to	o an increased risk of hyperthermia in the elderly?	189)
A) Use of diuretics	B) Limited income	
C) Decreased effectiveness of sweating	D) Hypothyroidism	
is agitated and does not understand why you a a heart rate of 72; a respiratory rate of 24; and l breath sounds over the right middle lobe, with saturation is 89 percent on room air. The patien	ssure and benign prostatic hypertrophy. The patient are there. Your assessment reveals warm, moist skin; blood pressure of 142/88. The patient has diminished a coarse rhonchi in the right lower lobe; his oxygen nt is uncooperative in giving a history, and his wife that his appetite has been diminished for the past 2	190)
A) Pulmonary embolism	B) Congestive heart failure	
C) Pneumonia	D) Emphysema	
191) Which of the following is NOT a significant me A) Borderline personality disorder C) Drug abuse	ental health concern for the elderly? B) Suicide D) Alcohol abuse	191)
192) What is the most common living situation of a	n abused elder?	192)
A) They live with their children.	B) They live alone.	
C) They are homeless.	D) They live in a nursing facility.	
193) Children raised in families with domestic viole molested than children in families with no dor A) 3 B) 8 C) 6 D) 0; there is no correlation between the two	mestic violence?	193)
194) Which of the following is NOT a characteristic	of a partner abuser?	194)
A) The income of the family is below povert	•	,
B) The male is unemployed.		
C) The male works more than one job.		
D) The male did not graduate high school.		

195) What is the more common cause of conductive deafness in children?		195)	
A) Otitis externa	B) Media inflammation		
C) Otitis media	D) Otitis cochlea		
196) What is enucleation?		196)	
A) Corrective laser surgery			
B) Removal and replacement of the patient's	eyeball with a prosthetic eye		
C) Removal of the eyeball			
D) Loss of vision in one eye due to trauma			
197) Which of the following is the etiology of glauco	ma?	197)	
A) Peripheral and secondary blindness	B) Increased intraocular pressure		
C) Increased optic nerve density	D) Increased blood sugar		
198) Which of the following is the most important fa home-bound patient?	actor to consider when assessing the chronically ill	198) _	
A) Deviation from baseline condition	B) Mental status		
C) Access to home health care	D) Mobility		
•	the crash, the patient in the rear of the van sustained a bus, pale, and diaphoretic. He has an A/V shunt in the to the best it can be, and immobilization is	199) _	
A) Cannulate the shunt; the patient is obviou			
B) Now that the bleeding is controlled, there contamination.	should be no need to access the shunt and risk its		
C) Call for a supervisor to make the decision	to cannulate the shunt.		
D) Look for other sites for venipunture, such	as intraosseous.		
200) Which of the following best describes a tracheo	stomy?	200) _	
A) An opening made by incision from the lar	rynx through the neck		
B) A temporary opening made from the post	erior neck through the trachea		
C) An opening from the esophagus to the tra	chea		
D) A surgical opening from the anterior neck	into the trachea		

- 201) You are on the scene of a call for "an infant with difficulty breathing." Your patient is a 14-day-old female infant of a 16-year-old mother. The mother was alone with the infant for the first time when the baby choked on some formula while feeding. The mother states she called EMS because it "seemed like forever" before the baby caught her breath. Your assessment reveals a respiratory rate of 46 and a heart rate of 144. The infant is jaundiced and does not acknowledge your presence. Which of the following is the best course of action?
- 201)
- A) Begin bag-valve-mask ventilations, consider intubation, select a scalp vein for cannulation, and transport emergently to the nearest appropriate facility.
- B) Provide blow-by oxygen, check the blood glucose level, apply the cardiac monitor, check the oxygen saturation, and find out to which hospital the mother wants the baby to be transported.
- C) Continue a focused history and assessment, reassuring the mother that newborns often choke and spit up during feeding.
- D) Tell the mother that you need to transport the child and notify the triage nurse that she will need to arrange a child-protective-services evaluation.
- 202) Which of the following patient mechanism of injury meets trauma triage criteria for transport to a trauma center?

202)

203)

- A) A 10-year-old male soccer player with a laceration sustained over his right eye after colliding with another player's head
- B) A 31-year-old male involved in a medium-velocity MVC
- C) A 9-year-old female who fell 15 feet from grandstand bleachers at a baseball game
- D) A 17-year-old male with a gunshot wound to the leg
- 203) Your patient is a paramedic who was shot as she approached a residence on a call. The scene has been secured. Your patient is a 38-year-old female with one gunshot wound to the left side of her chest at the 5th intercostal space in the mid-axillary line. She is pale, cool, and awake but agitated. She is diaphoretic and complaining of pain in her left side and difficulty breathing. The patient's EMT-B partner has applied oxygen by nonrebreathing mask and an occlusive dressing over the entry wound before your arrival. As you continue your assessment, the patient's level of consciousness decreases. She responds to verbal stimuli. Her airway is clear, her respiratory rate is 8 per minute and shallow, her neck veins are flat, and her breath sounds are absent on the left side. The patient does not have a radial pulse, and her abdomen is nonguarded and nontender. Which of
 - A) Start two large bore IVs of isotonic crystalloid solution
 - B) Rapid trauma assessment

the following should you do first?

- C) Immediate needle chest decompression
- D) Assist ventilations with a bag-valve-mask device

204) Upon approaching a vehicle that has crashed into a to be entrapped, which of the following should you		204)
A) Use a spring-loaded punch to break the glass of	of the rear window.	
B) Chock the tires, peel away the sheet metal from	n the door, and cut the Nader pin.	
C) Break the windshield glass, saw through the A	posts, and roll the roof back.	
D) Attempt to open each of the doors.		
205) Which of the following is the purpose of early identi	fication of a "staging area"?	205)
A) To be able to organize resources in one place for	or easy and quick deployment	
B) To be able to park all the vehicles close to the se	cene	
C) To be able to visualize all the units that have an	rrived to keep track of them	
D) To claim an area close to the scene before onloc	okers and the media arrive	
206) Which definition best describes System Status Mana	gement?	206)
A) A computerized deployment system		
B) A system by which a work group determines v	where resources should be placed	
C) A monthly moving of resources due to the pre-	vious month's call locations	
D) A system that uses "status" buttons on its mobi	le radios	
207) The contents of a Mark I kit are most effective when	they are:	207)
A) injected subcutaneously or intramuscularly.		
B) inhaled.		
C) ingested.		
D) administered intravenously.		
208) Which of the following is the most effective way for exposure to biological agents of terrorism?	EMS personnel to protect themselves against	208)
A) Disinfect the ambulance	B) Use a HEPA mask	
C) Get immunized	D) Wear gloves	
209) Which of the following questions should guide the p	paramedic in ethical decision making?	209)
A) "Have I consulted with medical direction?"		
B) "What do the system protocols say?"		
C) "What legal liability will I face as a result of thi	s action?"	
D) "What is in the patient's best interest?"		

210) Which of the following practices can help reduce back injuries during lifting?				210)	
A) Twisting during lifting to reduce the number of steps to move a patient					
B) Gaining body w	eight to anchor the lift				
C) Using traditiona	l situps to strengthen lowe	r back muscles			
D) Keeping the pali	ns up when possible				
211) EMT-I Smith came to work feeling very tired and decided to nap before doing his equipment and vehicle checklist. After about 45 minutes, the tones went off, and EMT-I Smith and his EMT-B partner, Jones, were dispatched for a seizure. Smith and Jones's patient was still actively seizing when they arrived at the scene. Smith discovered that the previous shift had used all the Valium and failed to replace it. As a result, Smith could administer no medication to stop the seizure. Ultimately, the patient stopped seizing and suffered no apparent adverse consequences. Which of the following elements to establish negligence is missing in this case?					
A) Consent		B) Breach of duty			
C) Actual damages		D) Duty to act			
212) Which of the followin individual's consent?	g is best described as the u	nlawful touching of ano	ther individual without the	212)	
A) Assault	B) Malpractice	C) Battery	D) Negligence		
213) Which type of lympho	ocyte produces antibodies t	o combat infection?		213)	
A) A cell	B) M cell	C) T cell	D) B cell		
214) Which of the followin	214) Which of the following statements about leukocytes is FALSE?				
A) Leukocytes follo	w chemical signals to an ir	fection site.			
B) Leukocytes can	travel through blood vessel	walls into the surround	ling tissues		
C) Leukocytes engu	ılf and destroy foreign inva	nders via leukopoiesis.			
D) Leukocytes prot	ect against foreign invader	5.			
215) The attraction of leuko	ocytes to the site of inflamn	nation during degranula	ation is called:	215)	
A) apoptosis.		B) chemotaxis.			
C) histocompatibili	ty.	D) catabolism.			
216) Which of the followin patient?	g factors contributes to the	development of disease	e conditions in a geriatric	216)	
A) Pre-existing dise	ease(s)	B) Inadequate nut	trition		
C) Genetic predisposition D) All of the above					

217) Which of system in	_	est describes the develo	pment of the sensory portion	on of the nervous	217)
•		developed an acute sense	e of pain.		
, ,	•	and can localize the sen	•		
C) They	can feel pain	but cannot isolate the ser	nsation to respond to it.		
	e of the above.		•		
218) To which	of the followin	g conditions are infants	especially susceptible?		218)
А) Нур	othermia				
B) Fatiş	gue due to incr	eased respiratory effort			
C) Deh	ydration				
D) All o	of the above				
219) A concern	for patients ta	king both insulin and be	ta blockers is:		219)
·			cts of hypoglycemia, makir	ng it difficult to	
		is decrease, the release of			
•	-		from the beta cells in the p	ancreas.	
·		C C	have a synergistic effect.		
•		to their sympatholytic ef e cells of the body in the	fects on the nervous system presence of insulin.	n, can further reducε	
220) Benzodiaz	zepines are safe	er than barbituates becau	ise:		220)
A) the t	herapeutic dos	e of barbituates is very c	close to the lethal dose.		
B) benz	zodiazepines ca	nnot cause hypotension	or respiratory depression.		
C) the ϵ	effect of benzoo	liazepines is limited by t	he amount of endogenous	GABA in the CNS.	
D) benz	zodiazepines ca	use a counteraction by i	nducing high levels of dop	pamine in the CNS.	
221) Administr		ation into the dorsal glu	teal muscle must be injecte	ed into which quadrant	221)
A) Upp	er, outer	B) Upper, inner	C) Lower, inner	D) Lower, outer	
222) Which of	the following is	s an advantage of subling	gual drug administration?		222)
A) Rapi	d dissolution of	of tablets so that the med	ication can be swallowed		
B) Rapi	id absorption d	ue to sublingual vascula	ature		
C) Slow	rate of drug a	bsorption			
D) Unif	form absorption	n through the conjunctiv	al mucosa		
223) What pare	rentage of over	gen is delivered by a sim	nle face mask?		223)
A) 95 to		B) 40 to 60	C) 80 to 90	D) 60 to 80	
, • •		,	-,	,	

_	ole suction device	snouia generate a	a flow rate of lite	ers per minute when the tube	²²⁴)	
is open.						
A) 30		B) 40	C) 20	D) 50		
years ago				a date since my spouse died ϵ ?" Which of the following is an	225)	
trai	•	hospital. It isn't p	n. I'm here to provide you proper for me to have any			
	at is an inapprop t we might becon	_		nake any further suggestions		
	isn't that I don't fi sonal relationshi		; I certainly do, but it isn't	t proper for me to have $arepsilon$		
D) "I c	an't call you beca	use of profession	al ethics, but my phone n	umber is listed in the book."		
226) Which of	f the following re	sponses most clea	arly illustrates the feedbac	k technique of confrontation?	226)	
•	number of things at might be the ca		0	h information yet to determine		
B) "Yo	ou said you aren't	having any pain,	but I notice you keep hol	ding your stomach."		
C) "So	, first you vomite	d, then you begar	n having abdominal pain?	2"		
D) "I'n	n not sure I under	stand what you r	mean by, 'Feeling sick.'			
227) Which of	f the following qu	estions gathers ir	nformation about a patien	t's current health status?	227)	
A) "Do	o you also feel na	useous?"				
B) "W	here does the pai	n go?"				
C) "W	hen did you have	your appendix r	emoved?"			
D) "Ho	ow many cigarett	es do you smoke	a day?"			
228) All of the	e following action	s can help make t	taking a history on a sensi	itive subject easier EXCEPT:	228)	
A) obs	serving experience	ed clinicians ask t	hese type of questions.			
B) ask	ing some opening	g question to thes	e subjects as practice.			
C) atte	ending a lecture o	r seminar on thes	se sensitive subjects to lear	rn more about them.		
D) usi	ng euphemisms a	nd metaphors to	ask embarrassing questio	ns.		
229) The four	th heart sound S4	is:			229)	
A) the	"dub" of "dee-lul	o-dub."				
B) a v	entricular gallop	sound.				
C) a h	igh-pitched soun	d at the base of th	ne heart.			
D) an	atrial gallop soun	d.				

230) A complete neurological exam includes assessi	ment of mental status and speech, the motor and	230)
sensory systems, reflexes, and the:		
A) tympanic membrane.	B) speed of peripheral nervous conduction.	
C) visual acuity.	D) cranial nerves.	
231) To determine if a patient is breathing, you show	uld:	231)
A) look, listen, and feel for breathing.		
B) hold a mirror to the patient's mouth and	nose.	
C) auscultate at the 5th and 6th intercostal s	paces.	
D) palpate the patient's trachea.		
232) Which of the following is NOT an example of a	a mechanism of injury?	232)
A) A fall from a ladder	B) An episode of chest pressure	
C) A high-velocity gunshot wound	D) A low-speed motor vehicle collision	
233) As you survey the scene, you are gathering inf in the critical decision–making process is called	ormation about your patient and the scene. This step	233)
A) reflecting on the incident.	B) evaluating results.	
C) interpreting the data.	D) forming a concept.	
is begun, the airway is managed with a BVM a	evaluated. You determine that the patient needs an	234)
A) algorithms.	B) protocols.	
C) standing orders.	D) intuition.	
235) Which of the following best explains the need	to communicate effectively with other responders?	235)
A) Making sure you can recover your equip	ment afterward	
B) Exchanging career information		
C) Coordinating and implementing the treat	tment plan	
D) Summoning EMS through a PSAP		
236) The verbal report to the receiving hospital short complaint, and:	uld always include vital information, chief	236)
A) EMS unit status.	B) personal physician information.	
C) next-of-kin name and telephone.	D) treatments rendered.	

•	wing documents containing with multiple patients	ing vital information is affixed	ed to the patient during	237)	
A) MCI narrativ	1 1	B) PCRs			
C) Medic Alert t		,			
C) Wedic Alert t	ags	D) Triage tags			
238) Which of the follow efficiently write on		ase the amount of informatio	on you can quickly and	238)	
A) Time stamps		B) Medical terms	5		
C) Pertinent neg	ratives	D) Acronyms and	d abbreviations		
239) Which of the follow	wing patients is NOT a ca	andidate for air medical tran	sport?	239)	
A) Combative tr	auma patient				
B) Seriously inju	red patient with cardiac	tamponade			
C) Burn patient	with over 50 percent par	tial thickness burns			
D) Patient with J	prolonged extrication tin	ne			
•	•	surgical support but can sta	bilize before transferring to	240)	
a higher-level trau	•	C) III	D) IV		
A) I	B) II	C) III	D) IV		
241) Which of the follow of the liver at the li	· ·	otor vehicle collision would	most likely result in a tear	241)	
A) Gradual dece	eleration	B) Gradual accel	eration		
C) Sudden accel	eration	D) Sudden decel	eration		
sign. Which of the		h in which a car was rear enes s serves as the basis for anal x for injuries?		242)	
A) Energy can n	either be created nor des	troyed.			
B) A body in mo	otion will remain in moti	on unless acted on by an ou	tside force.		
C) A body at res	st will remain at rest unle	ess acted on by an outside fo	rce.		
D) The amount of deceleration.	of energy transmitted to	an object is inversely propor	tional to its rate of		
243) Which two factors	related to kinetic energy	proportionately affect the d	amage a projectile will do?	243)	
A) Fragmentatio	on and velocity	B) Velocity and y	/aw		
C) Mass and fra	gmentation	D) Velocity and 1	mass		

244) Which of the following is NOT considered penetrating trauma?		244)
A) A laceration from a kitchen knife		
B) A laceration on the forehead as a result of be	ing struck with a metal pipe	
C) A superficial wound resulting from a pellet f	rom a pellet gun being lodged under the skin	
D) Receiving a wood splinter in the foot while w	valking on an unfinished deck	
245) Which of the following statements about the patien	nt in neurogenic shock is NOT true?	245)
A) Neurogenic shock may be temporary, even if	spinal cord damage is permanent.	
B) Signs of hypovolemic shock may be masked.		
C) Unopposed sympathetic nervous stimulation	results in generalized pallor and diaphoresis.	
D) The heart rate may be normal.		
246) For which of the following mechanisms of injury s suspicion for hemorrhagic shock?	hould you maintain the highest index of	246)
A) Blunt trauma to the head, resulting in a full-	thickness laceration to the forehead	
B) Frontal-impact motor vehicle collision at 45 p	miles per hour	
C) Gunshot wound resulting in an open tibia fra	acture	
D) 10-foot fall from a ladder		
247) You arrive on the scene of a patient with severe blue approach the patient. What should your next actio		247)
A) Open the airway and perform aggressive suc	ctioning.	
B) Sit the patient up and lean him forward to pr	revent him from swallowing blood.	
C) Control the source of hemorrhage.		
D) Open the airway and begin to ventilate the p	atient.	
248) Which of the following best describes the skeletal rauma that causes the release of metabolic by-pro		248)
A) Rhabdomyolysis	B) Necrosis	
C) Rouleaux formation	D) Myoglobinemia	
249) For which of the following burn patients could you	u use local cooling?	249)
A) A 19-year-old female with approximately 40 partial-thickness burns from sunbathing	percent superficial and 45 percent	
B) An 18-month-old child with partial- and ful extremities, buttocks, genitalia, and lower ab		
C) A 52-year-old male with a 1-inch-wide, full palm of his right hand resulting from picking		
D) A 15-year-old male with partial-thickness b and neck resulting from playing with gasolir		

her EKG and pulse oxi after receiving oxygen significant? A) Oxygenation is a B) You can be assur C) You cannot rely o	ne fire started, and the metry, as well as her by nonrebreathing mandequate and no supplied that there was mirron this measure alone	e	Puring transport, you monitor e oximetry reading of 99% ving ways is this finding	250)
251) Which of the following trauma patients?	g best describes the pe	ercentage of musculoskelet	al trauma in multisystems	251)
A) 90	B) 50	C) 30	D) 80	
went through an inters tibia/fibula fracture. H a helmet and suffered skin is warm and mois is the best way to man	section. He has a defo e also has a fracture o no loss of consciousne st, and he has adequat age this patient's lowe	rmity of the right midthigh of his left forearm and some ess. He currently has a stro te respirations at 20 per min er-extremity trauma?	e abrasions. He was wearing ong radial pulse of 100, his nute. Which of the following	252)
neurovascular st ensure spinal im	atus, apply and secure mobilization, begin tr	nd, if nothing significant is e padded long board splint ansport, start two large-bo onsult with medical contro	ts laterally and medially, ore IVs of isotonic crystalloid,	
neurovascular st start two large-b	atus, apply a traction	stalloid, perform a detaile	noted, assess distal bilization, begin transport, d examination, and consult	
	ackboard to splint the	apid trauma assessment, er lower extremity, and avoid	nsure spinal immobilization d analgesia due to	
immobilization,	start two large-bore Γ	apid trauma assessment, ap Vs of isotonic crystalloid so ia due to multisystems trau	olution, infuse wide open,	
253) Which of the following traumatic brain injury		zure, worsening the conditi	ion of the patient with a	253)
A) Increased cerebra	al edema due to impa	ired ventilation		
B) Increased intracr	anial pressure due to	the seizure activity		
C) Exacerbation of ϵ	existing brain injury d	ue to physical agitation		
D) All of the above				

254) Which of the following groups is not among those with the highest incidence of serious head		nce of serious head	254)		
trauma?					
A) Infants		B) Young males			
C) The elderly		D) Middle-aged ma	ales		
255) A spinal cord lesion that	results in paralysis of bot	th lower extremities is k	nown as:	255)	
A) hemiparesis.	B) quadraplegia.	C) paraplegia.	D) hemiplegia.		
256) The finding of jugular ve consistent with which of		ent with thoracic trauma	would be most	256)	
A) Open pneumothor	ax	B) Simple pneumot	horax		
C) Hemothorax		D) Tension pneumo	othorax		
257) Which of the following 1	may impact the pattern of	injury in abdominal trat	ıma?	257)	
A) A full bladder	B) A full stomach	C) Breathing	D) All of the above		
car that was running in a the most appropriate?	The family states they fo an enclosed garage. HR =	und the patient unconsord, $BP = 100/60$, $RR = 0$.	ious in the front seat of a Which of the following is	258)	
•	t from the garage, intubat	e, and transport to the n	earest hospital.		
C) Remove the patien	t from the garage, initiate hospital with a hyperbario	BVM ventilations with	-		
D) Intubate, remove ti chamber.	he patient from the garage	e, and transport to a hos	pital with a hyperbaric		
259) Slowing of the electrical with blood.	impulse at the AV node is	s necessary to allow time	e for the to fill	259)	
A) atria		B) ventricles			
C) coronary arteries		D) coronary sinus			
260) Which of the following i	s caused by unilateral par	alysis of cranial nerve V	II?	260)	
A) Autonomic dysrefl	lexia	B) Dystonia			
C) Myoclonus		D) Bell's palsy			

261)	-	2	ient who is supine on the f		261) _	
	the night before. PE re around his mouth. HI tympanic thermomete which he takes Synth	eveals hot, dry skin; pupi R = 138 and regular, BP = er is 105.5°F. The patient's riod. Your partner suction	y depressed recently and hals dilated and reactive to li $82/52$, $RR = 16$ and shallows wife states a medical histens the airway and initiates arther treatment for this particular and initiates are the same are the	ght bilaterally; and vomit v. Temperature via ory of hypothyroidism for BVM ventilations with		
	A) endotracheal int transport.	ubation, cardiac monitor	, IV of NS, fluid resuscitat	ion, propranolol IV,		
	B) cardiac monitor,	IV with NS 1-2 L, cardiz	zem IV, transport.			
	C) cardiac monitor,	IV of NS, cardizem IV, t	ransport.			
	D) cardiac monitor,	synchronized cardiover	sion, IV of NS KVO, transp	oort.		
262)	dizziness after eating examination reveals v lung sounds that are of	a casserole that she later varm, diaphoretic skin; a clear and equal bilaterally	tory of peanut allergy. She discovered contained pear blotchy, red rash covering y. HR = 122, BP = 124/76, R	nuts. Your physical her chest and arms; and $R = 15$ and regular, SaO_2	262) _	
	= 97%. In addition to	providing oxygen, appro	priate treatment for this pa	atient may include:		
	A) IV of NS wide of	ppen, epinephrine 1:1000	SQ, diphenhydramine IV.			
	•	epinephrine 1:1000 SQ, d	iphenhydramine IV, nebul	ized albuterol.		
	C) IV of NS KVO.					
	D) IV of NS KVO,	epinephrine 1:1000 SQ, d	iphenhydramine IV.			
263)	complaining of abdor abdominal pain. She a 2 days. Physical exam to palpation in all qua	ninal pain. She describes also states that she has ha ination reveals that her s adrants with no masses o	tory of Crohn's disease. She a 1-week history of increa ad nausea and vomiting, fe kin is warm and dry and the distension noted. HR = 10 as is appropriate in the pref	singly diffuse, crampy ever, and diarrhea the past hat her abdomen is tender 00, BP = 118/78, RR = 14,	263) _	
	A) Kertoralac (Tora	idol)	B) Methylpredniso	olone		
	C) Diphenydramin	e	D) None of the abo	ove		
264)	Renal and urologic di	sorders affect about	people in the United S	States.	264) _	
	A) 3.5 billion	B) 250,000	C) 50,000	D) 20 million		
265)	The primary goal with	n a patient who has been	bitten by a pit viper is to:		265) _	
	A) remove the vend	om from the surrounding	tissue.			
	B) administer oxyg	en.				
	C) slow absorption	of the venom.				
	D) administer antiv	renom.				

266) Which of the following	g situations would NOT re	sult in anemia?	266)
A) Increased produ	ction of erythropoetin	B) Destruction of red blood cells	
C) Blood loss		D) Iron deficiency	
skiing. Upon examina		her fingers and toes that started while she was r soft and blanched. Patient management should	267)
consist of:	10000		
A) rewarming in a 1		1 10	
	lanched areas to promote b	blood flow.	
-	ers to reduce swelling.		
D) administering ar	n analgesic to reduce pain v	while the areas are thawing.	
268) All of the following ar	e common signs or sympto	oms of lice infestation EXCEPT:	268)
A) itching.			
B) white, oval-shap	ped nits on the hair shafts.		
C) open lesions in the	he affected areas.		
D) red macules or p	apules on the affected area	as.	
•	g is MOST likely to effectiv physical examinations?	vely gain the cooperation of psychologically	269)
A) Asking the patie	nts' permission to examine	them	
B) Telling the paties	nts you cannot help them u	unless you do thorough physical examinations	
C) Telling the paties	nts you must examine then	n	
D) Standing closer t	to and using more physical	contact with the patients than usual	
270) Which of the following of developing pelvic in		se of an intrauterine device (IUD) increases the 1	risk 270)
A) An IUD abrades	the endometrium, allowin	g microorganisms to invade the uterine wall.	
B) The use of a copp	per IUD use weakens the u	ser's immune system.	
C) The absorbent co	otton string of the IUD acts	as a wick for bacteria to enter the uterus	
D) Women with an	IUD are more likely than o	other women to have multiple sexual partners	
271) The most important co	onsideration when managi	ng a premature infant is:	271)
A) continuously suc	ctioning the airway.	B) determining blood glucose.	
C) preventing the lo	oss of body heat.	D) administering 100% oxygen.	
272) Which of the following	g terms refers to babies du	ring their first few hours of life?	272)
A) Newborns	B) Pediatrics	C) Neonates D) Infants	

tha sob	u are caring for a 7-year-old girl who was run over in some abrasions, the patient appears to have an in whing and uncooperative, and her mother is nearly aghter die. Your partner and the first responding o	isolated right femur fracture. The child is hysterical, pleading with you not to let her	273)	
of t	the following is the best way to gain control of this	s situation?		
A	A) Tell the mother it is obvious from her daughter danger of dying. Tell her to calm down or you the scene.	•		
1	B) Let the mother know it is natural to feel guilty daughter's injury. Tell her that her daughter is say right now if her leg is permanently damage	probably not going to die but that it's hard to		
(C) Tell the mother you can see how upset she is ar house since watching her daughter's treatment			
Ι	D) Let the mother know that you and your partner for injured children. Tell her you will be stabilize that it would be very helpful if she could get a hospital with her.	zing her daughter's leg to reduce her pain and		
274) Wh	nich of the following is a normal age-related chang	ge in the nervous system?	274)	
A	A) Delerium	B) Dementia	•	
(C) Loss of intelligence	D) Decreased brain size		
275) Wh	nat is one of the most important indicators of child	l abuse?	275)	
A	A) Child's behavior			
]	B) Attitude of the family members			
(C) Presence of both parents or lack of one parent			
Ι	D) Family finances			
276) The	e inability of nerve impulses to reach the auditory	center of the brain is called:	276)	
A	A) sensorineural deafness.	B) audioneural deafness.		
(C) conductive deafness.	D) cochlear imbalance.		
	u are sent to a home for a cardiac arrest. You find	-	277)	
wh 911	d-stage AIDS in cardiac arrest. The nurse tells you en the patient died did not feel that not providing She apologizes. A relative interrupts and says sh 1 to help her brother. What should your next actio	care was a prudent thing to do, so they called ne doesn't care what the nurse says, she wants		
A	A) Have the nurse provide the DNR. If it is in order adhere to the orders.	er, explain to the sister that you are bound to		
]	B) Tell the sister that it is best to let him go.			
(C) Provide all the interventions you can. You have	e no standing not to.		
Ι	D) Start CPR and ACLS. Do a round of drugs, the	n call for orders for field termination of		

resuscitative efforts.

278) Your patient is an 84-year-old female who was an unrestrained passenger in a frontal-impact 2 motor vehicle collision. As compared with younger adult patients, you would expect this patient to be less likely to exhibit which of the following manifestations of hypoperfusion? A) Tachycardia B) Altered mental status				278)	
•	G	7.1			
C) Hypothermia		D) Cardiac arrhythn	nias		
279) Which of the followir incident?	ng types of command wou	ld be best to implement in a	n multijurisdictional	279)	
A) Unified		B) Law enforcement	t		
C) Fire		D) Diversified branc	ch		
280) A chemical agent wit risk?	h which of the following c	haracteristics would pose tl	ne greatest inhalation	280)	
A) Low volatility, l	nigh specific gravity	B) Moderate volatili	ty, high specific gravity		
C) Low volatility, l	ow specific gravity	D) High volatility, lo	ow specific gravity		
281) Which of the followir	ng situations is NOT addre	essed by EMS system protoc	cols?	281)	
A) Requirements for	or paramedic continuing e	ducation.			
B) Patient transpor	rt destinations.				
C) Mode of patient	transportation.				
D) Standing orders	- S.				
	ission by a governmental or occupation is known as	body for a qualified individ	ual to engage in a	282)	
A) registration.	B) licensure.	C) certification.	D) reciprocity.		
_		eg or flex her hip. In which njury may have occurred?	of the following spinal	283)	
A) Sacral plexus, T	-12 to L-4	B) Lumbar plexus, T	Γ−12 to L−4		
C) Lumbar plexus,	T-6 to T-12	D) Sacral plexus, L-	4 to S-3		
284) Which of the following	ng is NOT one of the funct	ions carried out during the	inflammation response?	284)	
A) Promotion of he	ealing				
B) Development of	f humoral immunity				
C) Walling off of the	ne infected and inflamed a	rea			
D) Removal of unv	vanted substances				
285) When palpating the h fontanelle.	nead of a 12-month-old in	fant, it would be normal to	palpate the	285)	
A) posterior	B) anterior	C) sphenoid	D) occipital		

286) Which of the following medications is a loop diuretic?			286)		
A) Hydrochlorothi	azide (HydroDIURIL)	B) Furosemide (Las	six)		
C) Mannitol (Osmi	trol)	D) Spironolactone ((Aldactone)		
287) Which of the following	ng is the appropriate metho	od for preparing a site for	venipuncture or injection?	287)	
A) Use of a disinfed	ctant	B) Chemical steriliz	zation		
C) Use of an antise	ptic	D) Cleaning			
288) A high-pitched inspir	ratory noise caused by a pa	artial upper airway obstru	ction is called:	288)	
A) stridor.	B) wheezing.	C) dysphonia.	D) rhonchi.		
289) may result i	n a failure of communicati	ion between a paramedic a	and a patient.	289) _	
A) Prejudice		B) Lack of privacy			
C) External distrac	tions	D) All of the above			
290) Which of the followin	ng is an example of an oper	n-ended question?		290)	
A) "Where do you	hurt?"				
B) "Does your pain	radiate to the shoulder?"				
C) "Do you take hi	gh blood pressure medicin	ie?"			
D) "Do you have ar	ny allergies to medicine?"				
291) While palpating the h	nead, abnormal findings m	ay include:		291)	
A) nontenderness of	of the cranium.	B) indentations in t	he skull.		
C) symmetry of the	e face.	D) clicking of the T	MJ without pain.		
292) A paramedic should and symptoms of:	wear a properly fitted HEF	PA mask when evaluating	a patient exhibiting signs	292)	
A) COPD.	В) ТВ.	C) asthma.	D) influenza.		
293) Critical thinking is a t	thought process used to:			293)	
A) establish credib	ility with an emergency ph	nysician.			
B) analyze and eva	aluate.				
C) defend one's act	tions in a CQI review proce	ess.			
D) focus on a situat	tion's most important aspe	ect.			

294) The main duties of the dispatcher, after sending the responders and providing prearrival	294)	
instructions, include:	_	
A) discussing medical direction.		
B) transferring communications.		
C) supporting and coordinating.		
D) directing the crew to an appropriate receiving facility.		
295) Your PCR contains both check boxes and a narrative section. When completing the patient chart, you should use:	295) _	
A) both the narrative section and check boxes.		
B) only the narrative section.		
C) only the check boxes.		
D) only the portion you are most comfortable with.		
296) Which of the following is NOT considered a significant mechanism of injury in pediatric patients?	296) _	
A) Vehicle collision at moderate speed		
B) Fall of less than 5 feet		
C) Any collision in which a child is unrestrained		
D) Bicycle-vehicle collision		
297) Which of the following best describes why the occupants of a vehicle moving at 50 miles per hour will be injured when the vehicle strikes a tree but not when it brakes to a stop?	297) _	
A) Braking allows the kinetic energy to be absorbed evenly into the frame of the vehicle, rather than concentrating it at the point of impact.		
B) The energy gradually dissipates as heat due to the friction of braking, rather than transfers to the vehicle and its occupants.		
C) The inertia of the tree increases the kinetic energy transmitted to the occupants by a factor of 10.		
D) None of the above.		
298) As the energy from a medium or high-velocity projectile pushes tissue from its path, which of the following occurs?	298) _	
A) Negative pressure is generated inside the cavity, drawing debris into the wound.		
B) Damage depends on the net difference between pressure at the entrance wound and pressure at the exit wound.		
C) There is negative pressure at the entrance wound and positive pressure at the exit wound.		
D) There is no vacuum created when there is both an entrance and an exit wound.		

299) Which of the following best describes definitive care significant hemorrhage?	for the trauma patient with ongoing,	299)
A) Invasive hemodynamic monitoring and serial h	nematocrits	
B) Administration of hypertonic crystalloid or col	loid solution	
C) Immediate surgery		
D) Administration of blood or blood products		
300) Which of the following is a potential complication of	f crush injury?	300)
A) Renal failure		
B) Calcifications in the vascular and nervous syste	ems	
C) Sudden death		
D) All of the above		
301) The three primary factors that determine the severity	y of radiation are:	301)
A) distance, shielding, and symptoms.	B) dose, symptoms, and shielding.	
C) duration, shielding, and dose.	D) duration, distance, and shielding.	
302) Which of the following is the highest priority when r fractures?	managing a patient with bilateral closed femur	302)
A) Providing intravenous analgesia	B) Anticipating hypovolemic shock	
C) Assessing the potential for rehabilitation	D) Preventing infection	
303) A growing lesion in the right cranial hemisphere wil	l most likely result in which of the following?	303)
A) Bilateral midpoint, nonreactive pupils		
B) Normal right pupil; dilated, nonreactive left pu	ıpil	
C) Normal left pupil; dilated, nonreactive right pu	ıpil	
D) Bilaterally constricted, nonreactive pupils		
304) Your patient is a 30-year-old male who was playing forcefully from the left side at the level of the should should suspect which of the following patterns?	•	304)
A) Subluxation of one or more thoracic vertebrae		
B) Compression fractures of the thoracic spine		
C) An axial distraction injury of the cervical region	n	
 D) Compression fractures on the left side of the ce the cervical spine 	rvical spine; torn ligaments on the right side of	

305)	As the diaphragm	, the intrathoracic pre	essure		305)	
	A) contracts, increase	5	B) contracts, decre	eases		
	C) relaxes, increases		D) relaxes, decreas	ses		
306)	Which of the following l	pest describes shear injur	ries to the abdominal org	gans?	306)	
	A) Impact of solid org	gans with the abdominal	wall in rapid deceleration	on		
	B) Sudden compressi	on of gas-containing hol	low organs resulting in	their rupture		
	C) Sudden decompre	ssion of solid or hollow o	organs			
	D) Tearing of the orga otherwise	nn in which the organ is t	fixed at its point of attac	hment but free to movε		
307)	1			tress, and complaining of	307) _	
	developing 3 days ago. S cough. Physical examina	_	nest pain with deep insp ry skin and rhonchi and			
	of two previous mycoca is the best course of prel		es nitroglycerin as neede	d. Which of the following		
	A) Albuterol via nebu	lizer with 100% oxygen,	IV of NS KVO			
	B) Oxygen via nonrel	oreathing mask 15 lpm, I	V of NS with fluid challe	enge		
	C) Oxygen via ventur corticosteroids	ri mask 24–35%, nebulize	ed albuterol and ipratrop	oium, IV of NS KVO, IV		
	D) Endotracheal intub and Atrovent, cort	pation, ventilation with 1 icosteroids IV	00% oxygen, IV of NS K	VO, nebulized albuterol		
308)	Measures to treat cardio	genic shock include all o	of the following EXCEPT	:	308)	
	A) reducing stroke vo	lume.	B) reducing perip	heral resistance.		
	C) increasing the cont	ractile force.	D) improving prel	oad.		
309)		ch caused him to slump	in his chair. His teacher	lid fluttering and slight reports that the child was . This most indicates a(n)	309) _	
	A) pseudo	B) generalized	C) absence	D) simple partial		

nausea/vomi and dry. HR	is a 45-year-old type I diabetic complaining of a 5-day history of abdominal pain, 31 ting, and increased urination and thirst. His skin and mucus membranes are warm =112 bpm and regular, $BP = 94/60$, $RR = 12$ and regular. Your treatment for this patient ikely include:	0)
A) IV of N	S KVO, 50% dextrose IVP.	
B) IV of N	5 1–2 L.	
C) IV of D	5W KVO, 50% dextrose IVP.	
D) IV of N	S KVO, nitroglycerin 0.4 mg SL, every 3–5 minutes.	
	following treatment regimens for anaphylaxis lists the medications in the correct 31 inistration following oxygen?	1)
A) Epinep	nrine, diphenhydramine, dexamethasone	
B) Dexam	ethasone, diphenhydramine, epinephrine	
C) Dipher	hydramine, epinephrine, dexamethasone	
D) Epinep	nrine, dexamethasone, diphenhydramine	
312) Increased he	patic resistance to blood flow, as happens in cirrhosis, results in: 31	2)
A) hepatio	arterial hypertension and obstruction of the common bile duct.	
B) portal a	rtery hypertension and ascites.	
C) hepatio	vein hypertension and hepatic vein aneurysm.	
D) portal	rein hypertension and esophageal varices.	
313) Of the follow failure?	ing, which is TRUE of the changes in blood chemistry in a patient with chronic renal 31	3)
A) Blood §	lucose decreases	
B) Uremia	and creatinine levels increase	
C) H+, K+	and Na+ retention leads to isothenuria	
D) H+ exc	retion leads to alkalosis	
314) Which of the	following cause(s) injury by inducing liquefaction necrosis? 31	4)
A) Acids	B) Emulsifiers C) Caustics D) Alkalis	
315) Which of the	following statements about disseminated intravascular coagulation (DIC) is TRUE? 31	5)
A) DIC mo	ost commonly results from hemophilia, hypertension, and severe tissue injury.	
B) Activat	ed thrombin converts fibrinogen to fibrin in the circulating blood.	
C) The ble	eding typical of DIC is a result of an increased fibrinogen level.	
	of DIC include reduced fibrinogen levels, consumption of coagulation factors, and ocytopenia.	

316) You are transported by airplane from sea level in New York City to Aspen, Colorado (2, 438 m). Which of the following statements about the physiologic response to your trip is TRUE?				316)	
A) The thyroid gland see					
B) Production and secre	•	•			
C) You will suffer from	, ,				
D) An increase in PCO ₂	-				
317) Which of the following sta	tements about <i>Haemop</i>	ohilus influenzae type B is TR	UE?	317)	
A) It is a gram-positive	rod.				
B) It is the leading cause	e of conjunctivitis in a	dults.			
C) Vaccines are ineffecti	ve against Haemophilu	s influenzae type B.			
D) It was once the leading	ng cause of meningitis	s in children aged 6 months	to 3 years.		
318) Which of the following bes	et describes a person's	state of cognitive functioning	ng?	318)	
A) Intelligence		B) Level of conscious	ness		
C) Affect		D) Mental status			
319) A 33-year-old female prese for 2 months. What other s	•	nstrual flow" after not havir yould you MOST expect wit		319)	
A) Crampy abdominal p	pain and passing of clo	ots and tissue			
B) Fever and purulent, f	oul-smelling discharg	ge			
C) Dull, lower L quadra	nt abdominal pain				
D) Sharp, lower R quadi	ant abdominal pain				
320) Which of the following is N	NOT part of normal m	anagement of the mother po	ostdelivery?	320)	
A) Applying direct press	sure to control hemor	rhaging of perineal tears			
B) Inspecting the perine	um for tears				
C) Frequently monitorir	ng vital signs				
D) High-flow oxygen by	nonrebreather				
321) You are called to the home has been "vomiting after shinclude in your history and	ne eats." Based on this	information, which of the fe		321)	
 Asking whether the infa Checking the blood glue Asking whether there w Cardiac monitoring Assessing the fontanelle 	cose level vere any complication	having forceful vomiting s with the pregnancy or deli	very		
A) 1, 2, 3, 4, and 5	B) 2, 3, and 4	C) 1, 2, 3, and 5	D) 1, 3, and 5		

322) Your patient is a 24-month-old child whom you have determined to be hypoglycemic. Which of the following is the best treatment for this patient?				322)	
A) 10 ml of 25% dextro	se	B) 25 ml of 50% dexi	trose		
C) 25 ml of 25% dextro	se	D) 10 ml of 50% dext	trose		
323) Which of the following st	atements regarding drug a	abuse in the elderly is N	IOT true?	323)	
A) Changes in hearing	and vision may be due to	drug abuse.			
B) The elderly are unli	kely to abuse prescription	drugs.			
C) Drug abuse in the e	lderly may include over-th	ne-counter drugs.			
D) Drug abuse is a pos their mental status.	sibility to consider when d	lealing with elderly pati	ients with changes in		
324) Which of the following co	ommon conditions may be	mistaken for child abus	se?	324)	
A) Diaper rash	B) Mosquito bites	C) Chicken pox	D) Rug burns		
	report of an injured person ad sustained a small lacera ction to take regarding tran	tion to her forehead. Sh	3	325)	
A) Explain to the patient to come get the dog	nt that the ambulance is a s	sterile area and that she	will have to call a friend		
B) Transport the guide	dog with the patient.				
C) It is not your respor	nsibility nor is it appropria	te for you to accommod	late the dog.		
D) Call animal control	to hold the dog until the o	wner can retrieve it.			
326) When you arrive on the s of the following is the bes	cene of an incident in which the st way to deal with the situ	_	rovider is present, which	326)	
A) Let the person talk to busy and out of the	to a member of the crew no way.	ot involved in patient ca	are to keep the person		
B) Tell the individual t now.	hat your certification over	rides the individual's aı	nd that you are in charge		
C) Ascertain the person the person to stand	n's certification level. If the back.	e person is not an RN, ig	gnore the person and ask		
D) Respect the person's person's help should	s position, use the person's d the need arise.	information according	ly, and request thε		

327) Your patient is a 30-year-old male who had a grand mal seizure lasting about 1 1/2 minutes. On your arrival, the patient is unresponsive with deep respirations at 24 per minute, copious oral secretions, and a radial pulse of 104. Which of the following is the most appropriate intervention for this patient?					327)
A)	Administer 5 mg of lo	razepam, IV or IM.			
B)	No medications are n	ecessary at this time.			
C)	Consult with medical	control concerning the	administration of phen	ytoin sodium (Dilantin).	
D)	Administer diazepam	in incremental doses i	up to 10 mg, intravenous	sly.	
	n of the following refe ned to carry loads of c		lance that is fairly new to	o the market and is	328)
A)	A medium duty		B) A heavy duty		
C)	A modified Type III		D) A super duty		
perso probl	nnel at the gathering l	nave reported that they the first-aid tent, you	have several people wi	ding a crusade. First-aid th "upper respiratory" ds. This indicates which of	329)
A)	Dirty bomb	B) Conventional	C) Biological	D) Chemical	
330) When	coping mechanisms	can no longer buffer jo	b stressors, the likely res	sult is:	330)
A)	eustress.	B) burnout.	C) fugue state.	D) withdrawal.	
331) The le	egal duties of a param	edic are generally set f	orth by:		331)
A)	statutes.		B) the National Star	ndard Curriculum.	
C)	the Oath of Geneva.		D) the EMT Oath.		
332)	receptors are loca	ted in peripheral blood	l vessels and are respons	sible for vasoconstriction.	332)
A)	Alpha	B) Dopaminergic	C) Beta ₁	D) Beta ₂	
333) Which	h of the following best	describes the body's r	eaction to exposure to o	r invasion by antigens?	333)
A)	Adaptation		B) Anaphylaxis		
C)	Immune response		D) Negative feedba	ck	
334) Which	h of the following serv	ves as a guideline for th	ne expected weight of a 4	1- to 6-month-old child?	334)
A)	Tripled his or her birt	h weight	B) Doubled his or h	ner birth weight	
C)	Increased birth weigh	t by 2 to 3 pounds	D) Gained at least 5	pounds	
335) Drugs	s with high abuse pote	ential and no accepted	medical benefits are clas	ssified as Schedule:	335)
A)	III	B) IV	C) I	D) II	

of peripheral venous access?	336) _		
B) Saphenous			
D) Median basilic			
cts prevents the tongue from falling back to occlude the	337)		
B) Laryngeal mask airway			
D) Nasal cannula			
_ feet between people.	338)		
C) 4 to 12 D) 12 or more			
closed-ended question?	339)		
ı began?"			
ould record:	340)		
B) positive and negative findings.			
D) only positive findings.			
amine a patient complaining of abdominal pain?	341) _		
nouth			
de all of the following EXCEPT:	342)		
B) learning to multitask. C) using mental checklists.			
	B) Saphenous D) Median basilic cts prevents the tongue from falling back to occlude the B) Laryngeal mask airway D) Nasal cannula feet between people. C) 4 to 12 D) 12 or more closed-ended question? a began?" ould record: B) positive and negative findings. D) only positive findings. amine a patient complaining of abdominal pain?	B) Saphenous D) Median basilic cts prevents the tongue from falling back to occlude the B) Laryngeal mask airway D) Nasal cannula feet between people. C) 4 to 12 D) 12 or more closed-ended question? a began?" ould record: B) positive and negative findings. D) only positive findings. amine a patient complaining of abdominal pain? 337) 338) 339) 340) amouth	

	ng a written report, you must re	emain aware that it is a(n) _	and a part of your	343)
	anent medical record.			
	at used for continuous quality is	mprovement		
B) legal reco				
C) represent	tation of the care you provided			
D) all of the	above			
344) Careful, thoro	ugh documentation has the effe	ect of frivolous law	vsuits.	344)
A) bolsterin	g B) enabling	C) discouraging	D) encouraging	
surgical capab	er that is committed to special e ility but that usually stabilizes a na center.	0 1	0	345)
A) I	В) ІІ	C) III	D) IV	
346) Which of the fo	ollowing factors is NOT a consi	ideration in the severity of i	njury related to falls?	346)
A) Distance	of the fall	B) The initial poin	t of impact	
C) Wind res	istance	D) Landing surfac	e	
347) The path a pro	jectile follows during a flight is	s called its:		347)
A) ballistics	B) cavity.	C) drag.	D) trajectory.	
348) Pericardial tan	nponade would most likely res	ult in which of the followin	g types of shock?	348)
A) Distribut	ive B) Cardiogenic	C) Obstructive	D) Respiratory	
, <u>.</u>	a 15-year-old soccer player w	•	1 2	349)
apparent injur	er calf, but the amount of pain y. You note that, although you the skin is cool to the touch. Y	can palpate a pedal pulse, t	there is swelling in the foot	
A) A fasciot	omy	B) Volkmann's isc	hemic contracture	
C) Crush sy	ndrome	D) Compartment	syndrome	
·	ing a 17-year-old male patient g guidelines is most helpful wl			350)
A) The Park	land Formula	B) The modified p	pediatric Rule of Nines	
C) The Rule	of Palms	D) The Rule of Ni	nes	

Answer Key

Testname: SAMPLEFINAL#2

1)	В
	ID: epc2b 1-162
	Page Ref: 55

- 2) C ID: epc2b 1-156 Page Ref: 53
- 3) C ID: epc2b 1-81 Page Ref: 25
- 4) D ID: epc2b 1-22 Page Ref: 7
- 5) D ID: epc2b 1-151 Page Ref: 50
- 6) B ID: epc2b 1-101 Page Ref: 32
- 7) C ID: epc2b 1–111 Page Ref: 42
- 8) B ID: epc2b 2-18 Page Ref: 76
- 9) A ID: epc2b 2-38 Page Ref: 69
- 10) D ID: epc2b 2-30 Page Ref: 67
- 11) D ID: epc2b 2-43 Page Ref: 75
- 12) B ID: epc2b 2–52 Page Ref: 77
- 13) C ID: epc2b 2-50 Page Ref: 80
- 14) C ID: epc2b 2–28 Page Ref: 68
- 15) D ID: epc2b 3-86 Page Ref: 134
- 16) B ID: epc2b 3–282 Page Ref: 223

- 17) B ID: epc2b 3–235 Page Ref: 211
- 18) B ID: epc2b 3–100 Page Ref: 143
- 19) A ID: epc2b 3-139 Page Ref: 158
- 20) A ID: epc2b 3–172 Page Ref: 183
- 21) B ID: epc2b 4-1 Page Ref: 270
- 22) D ID: epc2b 4–17 Page Ref: 277
- 23) A ID: epc2b 4-8 Page Ref: 272
- 24) D ID: epc2b 4–15 Page Ref: 260
- 25) D ID: epc2b 4–26 Page Ref: 266
- 26) A ID: epc2b 4–20 Page Ref: 264
- 27) B ID: epc2b 5-12 Page Ref: 300
- 28) C ID: epc2b 5–14 Page Ref: 298
- 29) D ID: epc2b 5-3 Page Ref: 294
- 30) C ID: epc2b 5-11 Page Ref: 299
- 31) C ID: epc2b 5–7 Page Ref: 296
- 32) C ID: epc2b 5–16 Page Ref: 301

- 33) A ID: epc2b 6-151 Page Ref: 343
- 34) B ID: epc2b 6-148 Page Ref: 346
- 35) A ID: epc2b 6–95 Page Ref: 361
- 36) D ID: epc2b 6-57 Page Ref: 344
- 37) C ID: epc2b 6-66 Page Ref: 347
- 38) A ID: epc2b 6-134 Page Ref: 309
- 39) B ID: epc2b 7–7 Page Ref: 381
- 40) C ID: epc2b 7-26 Page Ref: 413
- 41) B ID: epc2b 7-2 Page Ref: 378
- 42) C ID: epc2b 7-35 Page Ref: 446
- 43) B ID: epc2b 7-20 Page Ref: 407
- 44) B ID: epc2b 7-12 Page Ref: 386
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- 48) A ID: epc2b 8-6 Page Ref: 461

- 49) C ID: epc2b 8-27 Page Ref: 527
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- 61) B ID: epc2b 10-22 Page Ref: 551
- 62) C ID: epc2b 10-12 Page Ref: 548
- 63) C ID: epc2b 11-23 Page Ref: 591
- 64) B ID: epc2b 11-86 Page Ref: 613

- 65) A ID: epc2b Page Ref: 621
- 66) C ID: epc2b 11-88 Page Ref: 613
- 67) B ID: epc2b 11-43 Page Ref: 605
- 68) A ID: epc2b 12-58 Page Ref: 654
- 69) B ID: epc2b 12-59 Page Ref: 654
- 70) A ID: epc2b 12-49 Page Ref: 687
- 71) D ID: epc2b 12–50 Page Ref: 692
- 72) C ID: epc2b 12-27 Page Ref: 669
- 73) C ID: epc2b 13–26 Page Ref: 712
- 74) D ID: epc2b 13–18 Page Ref: 713
- 75) B ID: epc2b 13–23 Page Ref: 710
- 76) A ID: epc2b 13–13 Page Ref: 710
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- 78) A ID: epc2b 14–21 Page Ref: 730
- 79) C ID: epc2b 14–29 Page Ref: 728
- 80) B ID: epc2b 14-6 Page Ref: 718

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Page Ref: 741	Page Ref: 808	Page Ref: 911	ID: epc2b 25-12 Page Ref: 1048	Page Ref: 1274
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Page Ref: 737	Page Ref: 810	Page Ref: 938	132) A ID: epc2b 26-14 Page Ref: 1066 133) C	Page Ref: 1288
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Page Ref: 756	Page Ref: 815	Page Ref: 949	Page Ref: 1075	Page Ref: 1284
			134) D	
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Page Ref: 747	Page Ref: 830	Page Ref: 942	135) D ID: epc2b 26-21 Page Ref: 1071	Page Ref: 1284
88) B			136) A	
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Page Ref: 766	Page Ref: 824	Page Ref: 970	ID: epc2b 27-1 Page Ref: 1081	Page Ref: 1300
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Page Ref: 726	Page Ref: 825	Page Ref: 986	Page Ref: 1094	Page Ref: 1303
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Page Ref: 782	Page Ref: 864	Page Ref: 1019	Page Ref: 1214	Page Ref: 1342
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Page Ref: 782	Page Ref: 909	Page Ref: 1047	Page Ref: 1265	Page Ref: 1338

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ID: epc2b 34–64	178) B ID: epc2b 39-5		210) D	
	Page Ref: 1515	Page Ref: 1717	ID: epc2b 1-93 Page Ref: 33	Page Ref: 539
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		Page Ref: 1731	Page Ref: 70	Page Ref: 554
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Page Ref: 1402	Page Ref: 15/2		Page Ref: 277	Page Ref: 667
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Page Ref: 1428	Page Ref: 1591	Page Ref: 1786	Page Ref: 293	Page Ref: 707
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172) B	188) C	204) D	220) C	236) D
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ID: epc2b 17-24	ID: epc2b 26-5 Page Ref: 1073	ID: epc2b 42-6	ID: epc2b 9-1 Page Ref: 533	ID: epc2b 25-6
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Page Ref: 771	Page Ref: 1114	Page Ref: 1681	Page Ref: 551	Page Ref: 1063
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Page Ref: 843	Page Ref: 1289	Page Ref: 1774	Page Ref: 711	Page Ref: 1265
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ID: epc2b 19-1 Page Ref: 842	ID: epc2b 31-21 Page Ref: 1301	ID: epc2b 47–35 Page Ref: 1786	ID: epc2b 14–24 Page Ref: 725	ID: epc2b 30-31 Page Ref: 1285
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Page Ref: 879	Page Ref: 1319	Page Ref: 1813	ID: epc2b 15–18 Page Ref: 738	Page Ref: 1301
•	264) D	•	296) B	*
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Page Ref: 912	Page Ref: 1377	Page Ref: 14	ID: epc2b 17-7 Page Ref: 771	Page Ref: 1339
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			Page Ref: 809	
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Page Ref: 925	Page Ref: 1422	Page Ref: 169	Page Ref: 837	Page Ref: 1402
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Page Ref: 938	Page Ref: 1481	Page Ref: 274	Page Ref: 868	Page Ref: 1434
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ID: epc2b 23-2	ID: epc2b 39-21	ID: epc2b 6-142	ID: epc2b 22-4	ID: epc2b 38-14
Page Ref: 960	Page Ref: 1511	Page Ref: 346	Page Ref: 938	Page Ref: 1490
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Page Ref: 1001	Page Ref: 1542	Page Ref: 376	Page Ref: 972	Page Ref: 1513
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Page Ref: 1041	Page Ref: 1555	Page Ref: 462	Page Ref: 1003	Page Ref: 1542

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ID: epc2b 41-37 Page Ref: 1580	ID: epc2b 8-17 Page Ref: 473
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ID: epc2b 42–56	ID: epc2b 9-4
Page Ref: 1645	Page Ref: 535
323) B	339) A
ID: epc2b 43-43 Page Ref: 1705	ID: epc2b 10-10 Page Ref: 551
324) C	340) B
ID: epc2b 44–25 Page Ref: 1721	ID: epc2b Page Ref: 647
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ID: epc2b 45-14	ID: epc2b 12–87
Page Ref: 1733	Page Ref: 687
326) D	342) A
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Page Ref: 1752 327) B	Page Ref: 709 343) D
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Page Ref: 1786	Page Ref: 719
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329) D	Page Ref: 755 345) C
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Page Ref: 1898	Page Ref: 763
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Page Ref: 68	Page Ref: 804
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Page Ref: 312	
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