MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question.

1) The right of competent people to determine what happens to their bodies is one example of the principle of:
   A) libertarianism.  B) autonomy.  C) democracy.  D) agency.

2) Rules or standards that govern the conduct of members of a particular group or profession are called:
   A) regulations.  B) statutes.  C) ethics.  D) morals.

3) Your patient is a 24-year-old male with a severe closed head injury. He is unresponsive and his vital signs are unstable. Which of the following is the appropriate disposition for this patient?
   A) A level III trauma center  B) A level II trauma center  C) A level I trauma center  D) A level IV trauma center

4) An occupation in which the practitioners have a competence in a specialized body of knowledge or skills that has been recognized by some organization or agency is called a:
   A) career.  B) vocation.  C) trade.  D) profession.

5) In which of the following areas is there a recognized need for prevention activities in many communities?
   A) Fall-related injuries in the geriatric population  B) Patients discharged after only short hospital stays for serious illness and injury  C) Improper medication use  D) All of the above

6) Which of the following types of food contributes fiber to the diet?
   A) Dairy products  B) Whole-grain cereals  C) Meat  D) Shellfish

7) Which of the following normally occurs as part of the "fight-or-flight" response?
   A) Heart rate decreases  B) Blood pressure decreases  C) Pupils dilate  D) Digestion speeds up
8) Your patient is a 16-year-old male with a reported history of ingesting 8 to 10 beers over the preceding 2 hours. He fell while jumping on a trampoline in a garage, striking his head on the concrete floor. There was no reported loss of consciousness, but the patient has a laceration to the occipital area of the head. The patient is alert and oriented to person, time, and place but fails to show appropriate concern for his injury and has slurred speech. The parents are unavailable. Which of the following is the best course of action?

A) Treat the patient as an emancipated minor and allow him to decide whether he wants treatment and transport.
B) Treat the patient under the doctrine of implied consent of the parents.
C) Have the patient arrested for underage drinking and obtain the consent of law enforcement to treat the patient.
D) Use the doctrine of *res ipsa loquitur* to support your decision to either treat and release or treat and transport.

9) Which of the following is NOT one of the common elements of Good Samaritan laws offering protection to people who assist at scenes of medical emergencies?

A) The people attempted to contact qualified emergency personnel.
B) The people were not grossly negligent.
C) The people accepted no payment for their services.
D) The people acted in good faith.

10) A civil wrong committed by one individual against another is a:

A) misdemeanor.  B) felony.  C) breach of duty.  D) tort.

11) Which of the following situations MOST clearly involves the patient's consent?

A) Ms. Plummer, who was at first quite agitated, allows Paramedic Phillips to examine her after she was placed in four-point restraints.
B) Mr. Brown, who is drowsy but quite pleasant, has been drinking wine for "2 or 3 days," and cannot remember if he is in Nashville or New Orleans, does not object when Paramedic Lacey performs a finger stick to check his blood glucose level.
C) Mr. Gage shouts, "No! No! No!" when you try to move him to the cot, but his wife says that "No" is the only thing he can say after his stroke and that he really doesn't mean it.
D) Mrs. Davis offers Paramedic Stevens her left arm after he explains to Mrs. Davis that he needs to start an IV to give her medication to relieve the pain from her fractured right humerus.
12) You have responded to a physician’s office for a terminal cancer patient in cardiac arrest. The physician says, "This is a chemical code only. Just give the meds, but don’t intubate or do CPR.” Which of the following should you do?

A) Because this is the patient’s personal physician, you must comply 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.

D) Comply with her orders on the scene to avoid a confrontation, but initiate appropriate care once you are in the back of the ambulance.

13) DNR orders, durable powers of attorney, and living wills are forms of:

A) protocols.

B) medical orders.

C) advance directives.

D) standards of care.

14) The duties and skills paramedics are allowed and expected to perform while carrying out their jobs are called:

A) the statute of limitations.

B) standing orders.

C) the scope of practice.

D) the national standard curriculum.

15) Bone maturation is generally completed by the ages of:

A) 32–34.

B) 10–12.

C) 28–30.

D) 18–20.

16) All of the following are part of the urinary system EXCEPT the:

A) kidneys.

B) spleen.

C) urethra.

D) bladder.

17) The respiratory cycle begins when the lungs have achieved normal expiration and the pressure inside the thoracic cavity:

A) is higher than atmospheric pressure.

B) equals atmospheric pressure.

C) is not affected by atmospheric pressure.

D) is lower than atmospheric pressure.

18) The cerebral perfusion pressure is represented by which of the following equations?

A) CPP = CVP - ICP

B) CPP = MAP - ICP

C) CPP = MAP - CVP

D) CPP = ICP - MAP
19) The mediastinum is bounded laterally by the ________, inferiorly by the ________, and superiorly by the ________.
   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 suckle at the mother's breast. Milk flows from the nipple, and palpation of the uterus suggests that the uterus is contracting. These findings suggest that the:
   A) posterior pituitary is secreting oxytocin.
   B) ovaries are secreting estrogen.
   C) posterior pituitary is not secreting oxytocin.
   D) ovaries are secreting estrogen and progesterone.

21) Which of the following is NOT one of the body's three chief lines of defense against infection and injury?
   A) Immune response  B) Homeopathic secretions
   C) Inflammatory response  D) Anatomic barriers

22) Mast cells synthesize prostaglandins, which:
   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 hospital as a result of an infection. This therapy is an example of:
   A) passive acquired immunity.  B) active acquired immunity.
   C) idiopathic immunity.  D) natural immunity.

24) Hypoperfusion results in:
   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 response in secondary MODS?
   A) Plasma protein systems are activated.
   B) Inflammatory mediators enter the system.
   C) Endorphin release contributes to vasodilation.
   D) Catecholamine release is inhibited.
26) Which type of shock is characterized by hypotension, tachycardia, and laryngeal edema?  
   A) Anaphylactic  
   B) Eurogenic  
   C) Cardiogenic  
   D) None of the above

27) Which of the following guidelines applies when interviewing an adolescent patient?  
   A) Try to have a parent or peer stay with the patient.  
   B) Conduct the interview in private.  
   C) Remember that, although they look grown, adolescents still want to be treated like children.  
   D) Avoid asking questions about such sensitive topics as substance abuse and sexual activity.

28) Which of the following best describes authoritarian parents?  
   A) Responsive to the needs and wishes of their children  
   B) Expectant that the partner parents will discipline the children  
   C) Demanding and desires instant obedience from their children  
   D) Tolerant, with an accepting view of their children's behavior

29) Which of the following describes the Moro reflex in the infant?  
   A) The infant's hand grasps an object placed in the palm of the hand.  
   B) When the infant's lips are touched, he makes sucking motions.  
   C) When the infant's cheek is stroked, he turns his head in that direction  
   D) When startled, the infant throws his arms out wide and grasps with the fingers and arms.

30) Preconventional reasoning is characterized by an orientation toward:  
   A) concern with interpersonal norms.  
   B) concern with universal ethical principles.  
   C) punishment and obedience.  
   D) concern with community rights.

31) The normal heart of a toddler ranges from ______ to ______ beats per minute.  
   A) 120, 180  
   B) 100, 120  
   C) 80, 110  
   D) 60, 80

32) By the age of 80, cardiac vessel elasticity has decreased by approximately ______ percent.  
   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?
   A) It would prevent the development of phase 0, thereby inhibiting depolarization.
   B) It would cause excessive muscular contraction, because sodium is the principle cation in myofibril contraction.
   C) It would prevent the efflux (outflow) of calcium from within the cell.
   D) It would impede the sodium-potassium pump from replacing the ions to their original locations.
   E) It would create a greater positive charge intracellularly, thereby preventing potassium from entering the cell.

34) Which of the following best describes the initial therapeutic benefit of furosemide?
   A) It has no initial benefit, but it later it provides a diuresis that has approximately 2 hours onset of action.
   B) It creates a potent vasodilatory effect, thereby reducing preload and afterload and redistributing the fluids to the periphery.
   C) It achieves a rapid diuresis that enables an overall reduction in intravascular volume and redistributes fluid from the lungs.
   D) It creates a reduction in peripheral vascular resistance by reducing afterload, but it improves cardiac output by increasing preload.

35) Which class of hormones is NOT synthesized and secreted by the adrenal cortex?
   A) Catecholamines
   B) Androgens
   C) Mineralocorticoids
   D) Glucocorticoids

36) Which of the following medications has the shortest half-life?
   A) Epinephrine
   B) Verapamil
   C) Digitalis
   D) Adenosine

37) In the renin-angiotensin-aldosterone system (RAAS), which element is most responsible for widespread vasoconstriction?
   A) Angiotensin I
   B) Angiotensinogen
   C) Angiotensin II
   D) Angiotensin converting enzyme (ACE)

38) Which of the following is a medication that is produced by recombinant DNA technology and promotes the conversion of plasminogen to plasmin to dissolve blood clots?
   A) tPA
   B) Heparin
   C) Vitamin K
   D) Coumadin
39) Which of the following is a disadvantage of pulmonary drug administration via nebulizer or metered dose inhaler?

A) It is necessary to use a larger dose for inhaled medications than if the drug was administered by another route.
B) It requires that the patient have adequate ventilation.
C) Side effects are more likely with pulmonary drug administration.
D) Pulmonary absorption is a slow route for drug administration.

40) Which of the following catheters would allow the greatest volume of fluid to be delivered in a given period?

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 is NOT a percutaneous route of medication administration?

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?

A) 0.25
B) 0.5
C) 5
D) 2.5

43) Which of the following is considered a site of central venous access?

A) External jugular vein
B) Femoral vein
C) Median cephalic vein
D) Saphenous vein

44) One teaspoon of medication equals ______ mL.

A) 30
B) 5
C) 15
D) 10

45) With which of the following conditions should you NOT attempt endotracheal intubation of the patient unless airway failure is imminent?

A) Pulmonary embolism
B) Respiratory syncytial virus (RSV) infections
C) Epiglottitis
D) COPD
46) Which of the following is the correct order of events after an endotracheal tube has been properly inserted?

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.

B) Inflate the cuff with 5-10 cc of air, secure the tube, listen for equal breath sounds bilaterally, listen for breath sounds over the epigastrium.

C) Secure the tube, listen for breath sounds over the epigastrium, listen for equal breath sounds bilaterally, inflate the cuff with 5-10 cc of air.

D) Inflate the cuff with 5-10 cc of air, listen for breath sounds over the epigastrium, listen for equal breath sounds bilaterally, secure the tube.

47) The patient with COPD may benefit from oxygen delivery through a Venturi mask because:

A) it delivers the highest oxygen concentration possible.

B) it both protects the airway and delivers oxygen.

C) oxygen concentration is controlled more carefully.

D) it delivers intermittent positive pressure to the airway.

48) Progressively deeper, faster breathing alternating gradually with shallow, slower breathing is called:

A) Cheyne-Stokes respirations.

B) Biot's respirations.

C) agonal respirations.

D) Kussmaul's respirations.

49) What is, in liters per minute, the highest flow rate on a demand valve device?

A) 20

B) 30

C) 40

D) 15

50) When correctly placed, the tip of a straight laryngoscope blade should be:

A) under the epiglottis.

B) at the uvula.

C) at the soft palate.

D) in the vallecula.

51) Which of the following questions would provide the best quality and quantity of relevant information?

A) "What time do you normally eat breakfast?"

B) "When was the last time you had anything to eat or drink?"

C) "Have you had breakfast?"

D) "What have you had to eat and 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:

   A) confrontation.  
   B) distancing.  
   C) using avoidance language.  
   D) overuse of professional jargon.

53) You are called to a scene at which a pedestrian has fallen on the sidewalk. When you arrive, the man is sitting up and appears alert and responsive. However, as you attempt to start your interview in your normal manner, you note that he is reluctant to speak with you. How should you next proceed?

   A) Confront the patient with your inability to help him if he does not tell you what is going on.  
   B) Ask the patient to sign a refusal of treatment and transport form.  
   C) Try to develop rapport by reviewing the reason you were dispatched on the call.  
   D) Call the medical direction physician and allow the patient to speak to him or her.

54) Your partner has just asked Mrs. Jones, "Why didn't you call your physician's office for a prescription refill instead of calling 911?" This illustrates:

   A) an attempt to educate the patient.  
   B) empathetic communication.  
   C) closed-ended questioning.  
   D) appearing to blame the patient.

55) Echoing a patient's message to the patient using your own words is a technique known as:

   A) explanation.  
   B) reflection.  
   C) facilitation.  
   D) clarification.

56) _______ questions are used to guide the patient's answers.

   A) Closed  
   B) Distracting  
   C) Open-ended  
   D) Leading

57) The active listening technique of reflection involves:

   A) confronting the patient if you detect inconsistencies.  
   B) asking for clarification of the patient's complaint.  
   C) making eye contact with the patient.  
   D) repeating the patient's words exactly.

58) Which of the following nonverbal cues demonstrates your sincerity to the patient?

   A) Continuing to touch the patient even after he withdraws or becomes hostile  
   B) Averting your gaze most of the time so you do not embarrass the patient  
   C) Offering a comforting touch or shaking the patient's hand  
   D) Crossing your arms across your chest and tapping your foot
59) A practical template for exploring various aspects of a chief complaint is:
   A) AEIOU-TIPS.  
   B) ABCDE.  
   C) OPQRST-ASPN.  
   D) MOUSE.

60) Which of the following statements is true?
   A) Use a combination of open- and closed-ended questions to gather a history of the chief 
      complaint.  
   B) Only ask a few questions as to not embarrass the patient.  
   C) Always use closed-ended questions when gathering a history, because they save time.  
   D) Always use open-ended questions, because they give a more complete picture of the chief 
      complaint.

61) An example of a chief complaint includes all of the following EXCEPT:
   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 generally only confuse the patient.  
   B) Cultural differences make no difference in 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, you can still test for visual acuity by:
   A) counting the patient’s raised fingers.  
   B) rapidly flashing a light on and off.  
   C) having the patient count your raised fingers.  
   D) covering one eye and testing for light accommodation.

64) Which of the following findings is NOT a sign of peritoneal irritation?
   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 instruct the patient to:
   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 respiratory rate or pattern during the chest examination, you should:

A) spend as much time as necessary to determine the cause.  
B) take immediate steps to intervene in the patient's condition.  
C) palpate the abdomen to see if there is referred pain.  
D) record the finding and continue the examination.

68) Which of the following explanations is FALSE regarding the need to perform a scene size-up?

A) It will allow you to operate on the scene without worrying about possible hazards.  
B) It may give you important information that will guide your medical care.  
C) It allows you to look for any hazards or dangers.  
D) It may tell you to request additional resources to the scene.

69) Components of a scene size-up include all of the following EXCEPT:

A) mechanism of injury.  
B) patient's chief complaint.  
C) changed body substance isolation precautions.  
D) location of all patients.

70) A patient is complaining of abdominal pain, nausea, and vomiting. Which of the following should you determine the occurrence of?

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 performed on critical trauma patients in the prehospital setting?

A) It produces too much patient anxiety.  
B) It is used only on medical patients.  
C) The rapid trauma assessment performs the same function.  
D) It usually yields little immediately useful information.
72) You are assessing a 28-year-old male with multiple gunshots to his abdomen. You should expect his skin to be:
   A) hot and moist.   B) warm and dry.   C) cool and moist.   D) cold and dry.

73) After considering the information you have collected, you determine the most likely cause of your patient’s condition. This step in the critical decision-making process is called:
   A) reflecting on the incident.   B) applying the principles.   C) interpreting the data.   D) forming a concept.

74) One of the "six Rs" is to __________, being honest and critical, looking for ways to improve your patient’s management.
   A) review the scene   B) review the patient care form   C) review the dispatch information   D) review your performance

75) When under pressure, your autonomic nervous system may respond by:
   1. enhancing your visual and auditory acuity.
   2. improving your reflexes.
   3. increasing your muscle strength.
   4. diminishing your ability to concentrate.
   A) 1, 2, and 3   B) 1, 2, and 4   C) 1, 2, 3, and 4   D) 2 and 3

76) The "fight or flight" response can lead to:
   A) enhanced visual acuity.   B) diminished muscle strength.
   C) diminished reflexes.   D) enhanced critical-thinking ability.

77) Your patient is in cardiac arrest. You are focused on initiating CPR, managing the airway, and, if necessary, defibrillating as soon as possible. Your step-by-step approach of data processing in this situation is best called:
   A) reactive.   B) reflective.   C) convergent.   D) divergent.

78) Which of the following types of computer devices involves contacting the screen to enter data?
   A) Touch pad   B) Mobile data terminal   C) Handheld portable device   D) Notebook

79) ________ communications are condensed and require a decoder to translate.
   A) Cellular   B) Telephone   C) Digital   D) Analog

80) The number of times per minute a radio wave oscillates is its:
   A) band width.   B) frequency.   C) amplitude.   D) wavelength.
81) Which of the following is the key link in the chain that results in the best possible patient outcome?

A) Coordination  
B) Communication  
C) Conceptualization  
D) Confrontation

82) The federal agency that controls and regulates nongovernmental communications is the:

A) FCA.  
B) FCC.  
C) FAC.  
D) FAA.

83) The standard charting abbreviation for nitroglycerin is:

A) NTG.  
B) NIT.  
C) NGT.  
D) NRG.

84) Use of prehospital care reports for quality improvement is an example of their ________ use.

A) medical  
B) administrative  
C) legal  
D) patient care

85) Confidentiality of a patient’s prehospital care report is:

A) not applicable to noncitizens.  
B) the patient’s legal right.  
C) forfeited by the patient when he consents to treatment.  
D) not applicable to patients who are not expected to survive.

86) Which of the following would be most useful for paramedics to carry with them as an aid to proper documentation?

A) Copy of previous charts  
B) Pocket-sized medical dictionary  
C) Quality assurance policy  
D) Pocket-sized thesaurus

87) Why should the PCR be completed immediately after the call?

A) You must get back in service.  
B) The medical control physician must sign it.  
C) The information is fresh in your mind.  
D) The receiving facility demands it.

88) Which of the following is NOT true of trauma triage criteria?

A) Comparing patient injuries with their mechanisms has been proven to be essential to decision making surrounding trauma triage criteria.  
B) When patients meet any of the trauma triage criteria, you should transport the patients to the closest facility, because they do not meet all the criteria for immediate transport.  
C) Trauma triage criteria is geared to help you formulate an index of suspicion when making decisions about your trauma patient.  
D) Trauma triage criteria are guidelines to help you determine whether your patient needs transport to a trauma center.
89) A trauma system is based on the principle that serious trauma is a _______ disease.
A) psychological  B) surgical  C) trauma  D) medical

90) The purpose of determining the mechanism of injury and the index of suspicion for the trauma patient at the same time is to allow you to:
A) document a complete scene size-up.  B) decide whether to transport the patient.
C) identify comorbid factors.  D) anticipate your patient’s injuries.

91) Which of the following patients does NOT require specialty center capabilities beyond that offered by a trauma center?
A) 67-year-old with partial and full thickness burns over 50 percent of the body
B) 4-year-old with a closed head injury
C) 25-year-old with amputation of three fingers
D) 22-year-old with bilateral open femur fractures

92) Which of the following physical findings indicates the need for immediate transport?
A) Fractured right femur
B) Revised Trauma Score of 12
C) Vital signs: blood pressure 80 by palpation, heart rate 130, and respiratory rate 12
D) Partial thickness burns involving 9 percent of total body surface area

93) Which of the following best defines the term energy?
A) The rate of motion related to time
B) The capacity to do work
C) The ability to deform solid objects
D) The amount of heat generated through friction

94) Which of the following injuries is associated with the pressure wave produced by a blast?
A) Lacerated liver
B) Ruptured spleen
C) Fractures
D) Pneumothorax

95) Which of the following contributes to a greater degree of injury than anticipated from vehicle damage alone in a lateral-impact motor vehicle collision?
A) Increased gravitational forces due to multiple changes in direction and velocity
B) Lack of a crumple zone
C) Taking the up-and-over pathway
D) The force of side-impact airbag deployment
96) In which of the following types of impact should you have a higher index of suspicion because the degree of injury may be greater than the damage alone indicates?
   A) Rotational   B) Rear-end   C) Lateral   D) Frontal

97) Which of the following is true of supplemental restraint systems?
   A) They are primarily useful in preventing injury to infants and children riding in the front seat.
   B) They guarantee against thoracic impact with the steering wheel.
   C) When worn incorrectly, they may cause spinal injury or decapitation.
   D) They may deploy during rescue operations, injuring the patient and/or EMS personnel.

98) As a bullet tumbles, its potential to inflict damage:
   A) is determined by the trajectory.   B) increases.
   C) decreases.   D) remains the same.

99) Which of the following is true of shotgun ammunition?
   A) The closer the shooter is to the victim, the larger the area of visible damage.
   B) "Double ought" or "00" shot contains a large number of relatively small pellets.
   C) The shot is dispersed from the cartridge with high velocity.
   D) A shotgun may either fire one slug or use ammunition with multiple pellets.

100) Which of the following abdominal organs is the least affected by the pressure wave associated with penetrating trauma?
   A) Liver   B) Kidneys   C) Spleen   D) Bowel

101) Which of the following statements about entrance and exit wounds is true?
   A) Entrance wounds most often appear as stellate.
   B) Cavitational wave energy is greatest at a bullet's point of entrance.
   C) Exit wounds reflect the potential for damage more accurately than entrance wounds.
   D) Exit wounds are usually the size of the bullet's profile.

102) As the mass of an object increases, which of the following occurs?
   A) The maximum speed it can attain decreases.
   B) The maximum speed it can attain increases.
   C) The amount of energy increases.
   D) The amount of energy decreases.
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.

A) 2  B) 1  C) 4  D) 3

104) Which layer of the arteries controls the diameter of the vessel?

A) Tunica externa  B) Tunica intima  
C) Tunica adventitia  D) Tunica media

105) Which of the following impairs blood clotting?

A) Hypothermia  
B) Use of nonsteroidal, anti-inflammatory medications  
C) Administration of IV fluids  
D) All of the above

106) Assuming all of the following patients have experienced significant blood loss and are hypotensive, in which would the use of PASG be absolutely contraindicated?

A) 35-year-old pregnant woman with bilateral femur fractures sustained in a head-on motor vehicle collision  
B) 31-year-old man with a stab wound between his thoracic vertebral column and right scapula  
C) 19-year-old female with an unstable pelvis after being thrown from a horse  
D) 16-year-old male with massive blood loss from a severed popliteal artery as a result of being struck by a piece of metal debris ejected by a lawn mower

107) Your patient is a 23-year-old male cyclist who was impaled in the chest by a small tree branch as he was riding on a trail. The branch has been removed on your arrival. You note a 1 cm wound in the third intercostal space in the midclavicular line on the right. There is minimal bleeding. You note air being sucked into the wound when the patient inhales, but air does not exit the wound on exhalation. The patient is anxious and has a weak radial pulse of 116 that disappears on inhalation. The patient's respiratory rate is 28, and breath sounds are absent on the right side. The patient is sitting against a tree and refuses to lie down. You note jugular venous distention, but no tracheal deviation. Which types of shock should you suspect in this patient?

A) Hypovolemic and obstructive  B) Respiratory and hypovolemic  
C) Distributive and respiratory  D) Obstructive and 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?

1. Occlusive
2. Nonocclusive
3. Adherent
4. Nonadherent
5. Absorbent
6. Nonabsorbent
7. Sterile
8. Nonsterile
9. Wet
10. 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 injuries is true?

A) Crush injuries are easily identifiable because they invariably result in deformity.
B) The actual source of bleeding in crush injuries may be hard to identify.
C) A spongy sensation on palpation of the injured area indicates crush injury.
D) Only closed injuries can be classified as crush injuries.

110) You have responded to an injured person at an address you know to be a motorcycle clubhouse. Your patient was attacked by another party with a broken beer bottle. Your patient has a large laceration on her neck with moderate bleeding. Which property of your dressing material is most important in caring for this patient?

A) Sterile  
B) Adherent  
C) Occlusive  
D) Absorbent

111) The bacteria most often associated with infection of open soft-tissue injury is:

A) streptococcus.  
B) pseudomoans aeruginosa.  
C) E. coli.  
D) staphylococcus.

112) You are assessing a 37-year-old woman who was rescued from an apartment fire. She has a harsh, stridorous, "brassy" sounding cough productive of sooty sputum, and the hair around her face, as well as her eyebrows, is singed. You have a 20-minute transport time. Which of the following is the best intervention for this patient?

A) Insertion of a nonvisualized dual lumen airway, such as a CombiTube  
B) Consult with medical control concerning rapid sequence induction and endotracheal intubation  
C) 100% oxygen by nonrebreathing mask  
D) A nebulized albuterol treatment
113) The voltage of a bolt of lightning may be as much as _______ volts, and its temperature may reach _______ degrees Fahrenheit.

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 patient with 30 percent full- and partial-thickness burns. He is an 80 kg male. According to the Parkland formula, he should receive _______ liters of fluid over 24 hours, with _______ liters infused in the first 8 hours.

A) 4.5, 1.25  
B) 8.2, 2  
C) 5, 3  
D) 10.6, 5.3

115) You have been dispatched to a call for a burn patient. Upon arriving, you find a 23-year-old female who was sunbathing and fell asleep. She is alert and oriented and in moderate pain. She has blisters covering her extremities, abdomen, face, and chest. This patient's burns fall into which of the following categories?

A) Superficial  
B) Minor  
C) Critical  
D) Moderate

116) Your patient is a 60-year-old female driver of a vehicle involved in a moderate-speed frontal collision. She was unrestrained, but airbags deployed. There is no damage to the windshield, but the bottom of the steering wheel ring is deformed. On your initial approach to the vehicle, an EMT is in the back seat with manual cervical spine stabilization. The patient is anxious and complaining of pain "in her legs." She appears pale, her skin is cool but dry, she as a thready radial pulse of 116, respirations of 24, and clear, equal bilateral breath sounds. Her abdomen is soft and nontender, and there is no pain or instability on assessment of the pelvis. Which of the following is the best management of this patient?

A) Oxygen, c-collar, rapid extrication onto a long backboard, rapid trauma exam, placement of bilateral traction splints, begin transport, and start two large-bore IVs of isotonic crystalloid solution.

B) Oxygen, c-collar, placement of a seated-spinal immobilization device, extrication onto a long backboard, use the long board to immobilize the lower extremities, begin transport, start two large-bore IVs of lactated Ringer's solution, and request orders for analgesia.

C) Oxygen, c-collar, placement of a seated-spinal immobilization device, extrication onto a long backboard, apply bilateral traction splints, begin transport, start two large-bore IVs of lactated Ringer's solution, and request orders for analgesia.

D) Oxygen, c-collar, rapid extrication onto a long backboard, rapid trauma exam, application of PASG, begin transport, and start two large-bore IVs of isotonic crystalloid solution.

117) A dislocated knee is most likely to damage which of the following vascular structures?

A) Femoral vein

B) Femoral artery

C) Great saphenous vein

D) Popliteal artery

118) Your patient is a football player who had his right foot planted and was tackled from the left rear, causing his body to rotate around the axis of his right lower extremity. This mechanism is most consistent with which of the following types of fractures?

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 following trauma to the head is indicative of dysfunction of which of the following?

A) The cerebral cortex  B) Midbrain  C) Pons  D) The ascending reticular activating system

121) For the patient with suspected traumatic brain injury, the ideal positioning of the patient for transport is:

A) on a long backboard with the foot of the backboard in a 15-degree Trendelenburg position.
B) on a long backboard with the patient's feet elevated on pillows to achieve a 15-degree angle.
C) in a left lateral recumbent position on the backboard.
D) on a long backboard with the head of the backboard elevated 30 degrees.

122) Which of the following statements about the administration of dextrose to the patient with a traumatic brain injury is true?

A) Hypoglycemia is associated with a poorer neurological outcome. All patients with suspected traumatic brain injury who have an altered mental status should receive 25 grams of dextrose intravenously.
B) Hypoglycemia is inconsequential to neurological outcome; assessing the blood glucose level is not a priority.
C) Hypoglycemia is associated with a poorer neurological outcome; if the blood glucose level is less than 60 mg/dl, administer 25 grams of dextrose intravenously.
D) Hyperglycemia is associated with a poorer neurological outcome; never administer dextrose to a patient with traumatic brain injury.

123) You are caring for a patient from a motor vehicle collision who has closed-head trauma. He is combative and has pupillary dilation. En route, he experiences projectile vomiting. Which of the following is this most indicative of?

A) Tentorial herniation
B) A mild brain injury combined with alcohol ingestion
C) Central herniation syndrome
D) Epidural hematoma

124) Your patient is a 38-year-old man who jumped 25 feet from a bridge into a dry creek bed. He is most likely to have a compression fracture of:

125) Which of the following best explains the presentation and prognosis of partial spinal cord transection injuries?

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?

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?

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?

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?

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?
   A) The pathophysiology results in increased venous pressure and decreased cardiac output.
   B) It is most often associated with penetrating trauma.
   C) As little as 150 ml of blood can cause pericardial tamponade.
   D) The presence of pericardial tamponade is indicated by Cushing’s triad.

131) Traumatic asphyxia is a(n) _______ type of injury.
   A) decompression  B) compression  C) deceleration  D) acceleration

132) Which of the following is most likely to occur as a result of rapid deceleration without actual contact between the patient’s body and the interior of the vehicle?
   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?
   A) Hypertonic saline or colloidal solutions are best for fluid resuscitation of patients with internal hemorrhage.
   B) IV access should be obtained using a saline lock, but fluid resuscitation is contraindicated in the prehospital setting.
   C) In most cases, fluid administration should be limited to 3 liters of isotonic crystalloid solution.
   D) IV access is only necessary if the use of PASG fails to improve the patient’s clinical condition.

134) The injury in which abdominal organs protrude through a large, deep laceration of the abdominal wall is best described as:
   A) disimpaction.  B) a gutting injury.
   C) herniation.  D) evisceration.

135) Which of the following is true of the patient with a suspected penetrating injury to or rupture of the diaphragm?
   A) This is the only abdominal injury in which removal of an impaled object is recommended.
   B) This is one of the primary indications for the use of PASG.
   C) Breathing is not impaired unless abdominal organs migrate into the thoracic cavity.
   D) Pneumothorax may occur even if the thoracic cage is intact.

136) Which of the following is NOT an intrinsic risk factor associated with respiratory disease?
   A) Cigarette smoking  B) Cardiac disease
   C) Stress  D) Genetic predisposition
You are transporting a patient from a fire scene to the emergency department. Clinical exam 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:

A) peripheral vasoconstriction.  B) an inadequately sized finger probe.
C) carbon monoxide poisoning.  D) nail polish on the patient’s fingernail.

Management of a patient who is hyperventilating should include:

A) coaching the patient to hold breath.  B) withholding oxygen.
C) the administration of oxygen and "coaching" the patient to reduce the rate and depth of ventilations.
D) breathing into a nonrebreather mask that does NOT have 100% oxygen flowing to correct respiratory alkalosis.

Which of the following statements about capnography is FALSE?

A) It is a useful tool to verify proper endotracheal tube placement.  B) Normal end-tidal CO₂ values are between 35–45 torr.
C) It can give objective feedback on the efficacy of ventilations being provided to a patient in full cardiac arrest.
D) It can be useful when diagnosing specific pulmonary pathologies.

Pharmacological interventions initiated by prehospital care providers in the treatment of congestive heart failure include all of the following EXCEPT:


Your patient is found sitting on the edge of the bathtub with cool, diaphoretic skin. She states she became lightheaded and nearly “passed out” while vomiting. Your cardiac monitor shows a sinus bradycardia at a rate of 48. Which of the following is most likely?

A) Use of sympathomimetic medications  B) Increased parasympathetic tone
C) disease of the cardiac conduction system  D) Sick sinus syndrome

Which of the following is the most likely result of increased pulmonary artery pressure?

A) Increased right ventricular workloads and cor pulmonale  B) Decreased right atrial workload and right ventricular hypertrophy
C) Increased left ventricular workloads and cor pulmonale  D) Increased left ventricular workloads and congestive heart failure
143) A 12-lead ECG that reveals ST elevation in all of the precordial leads most indicates myocardial:
A) infarction to the left and right ventricles.
B) injury to the right ventricle and septum.
C) ischemia to the left ventricle and septum.
D) injury to the right ventricle, left ventricle, and septum.

144) A patient tells you that she experienced an episode of involuntary "shaking" in her arm. She describes a 1- to 2-minute-long episode of muscular jerking and contracting of her entire left arm. She retained consciousness, lacked an aura, and had no pain associated with the episode. This most indicates a(n) ________ seizure.
A) petit mal
B) simple partial
C) psychosomatic
D) absence

145) Your patient is experiencing sharp, stabbing, right-sided face pain of his upper and lower lips, cheek, and round his orbit. This best describes:
A) torticollis.
B) Bell’s palsy.
C) myoclonus.
D) trigeminal neuralgia.

146) Which of the following is a risk factor for stroke?
A) Premature atrial contractions
B) First-degree heart block
C) Sinus arrhythmia
D) Atrial fibrillation

147) A form of spina bifida in which some of the spinal cord and meninges are protruding from a defect in the spine is a(n):
A) hydrocele.
B) meningioma.
C) myelomeningocele.
D) osteogenesis imperfecta.

148) Your patient is a 56-year-old male who is conscious and exhibits slurred speech, irritability, and cool, clammy skin. Blood glucose is 54 mg/dL. Proper treatment for this patient could include all of the following EXCEPT:
A) IV of NS.
B) administration of oral glucose if the patient is able to swallow.
C) consideration of D50 IV if the patient cannot follow simple commands.
D) 5-10 mg of glucagon IM.

149) Damage resulting in inactivity to ________ pancreatic cells would result in hyperglycemia.
A) islet
B) alpha
C) delta
D) beta
150) A 63-year-old female with a medical history of type II diabetes presents with a 4-day history of increased urination and thirst. She called EMS this morning when she experienced a brief period of dizziness while getting out of bed. Your assessment reveals a BP of 108/60, RR of 14/min and regular, and an HR of 122 and regular. You also note that the patient is slightly confused and has warm, dry skin and mucus membranes. Based on this patient presentation, what other finding could you expect?

A) Fruity breath odor  
B) A blood glucose of 68 mg/dL  
C) Atrial flutter  
D) Glucosuria

151) Your patient is a 45-year-old, insulin-dependent diabetic complaining of weakness. He states a 5-day history of increased thirst, urination, and hunger. You note that he has warm, dry skin and dry mucus membranes. HR is 110, BP is 98/70, and respiratory rate is 20 and deep. Blood glucose is 562 mg/dL. Which of the following statements BEST describes the pathophysiology of this patient’s apparent dehydration?

A) Polydipsia results in increased flow in the kidney and increased urination.  
B) Elevated glucose levels result in hypermetabolism and reduces fluid volume.  
C) Glucose is not reabsorbed by the tubule and remains in the urine, resulting in osmotic diuresis and loss of fluid volume.  
D) Osmotic diuresis results in elevated blood glucose, increased glucose in the tubule, and increased urination.

152) Your patient is experiencing profuse hives, itching, dyspnea, coughing, tachycardia, and dizziness after eating seafood 5 minutes ago. You might also expect to see all of the following signs EXCEPT:

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 a new brand of gloves your service purchased. The box the gloves came in indicates that the gloves contain latex. You note that your partner’s skin is warm, dry, and nondiaphoretic, that the rest of her body lacks rash or urticaria, and that her lung sounds are clear bilaterally. Other than the itchy rash, she has no complaint. HR = 88, RR = 12, BP = 122/80. Of the following treatments, which is the most appropriate?

A) Diphenhydramine IM, transport  
B) Oxygen via nasal cannula 4 lpm, cardiac monitor, IV of NS KVO, epinephrine IV, diphenhydramine IM, transport  
C) Oxygen via nonrebreather mask 15 lpm, cardiac monitor, IV of NS KVO, epinephrine SQ, diphenhydramine IM, transport  
D) BLS transport to an ED for a checkup
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 attached themselves to the membranes of basophils and mast cells, resulting in degranulation.

B) Humoral cells have initiated a chemical attack on the antigens.

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 have activated basophils and mast cells, resulting in degranulation.

155) Which of the following medications for treating allergic reactions and anaphylaxis also relieves the abdominal cramping associated with both?

A) Epinephrine

B) Dopamine

C) Diphenhydramine

D) Ranitidine

156) Your patient is a 20-year-old male who is conscious, alert, and in severe distress. He describes a 3-day history of diffuse abdominal pain near his umbilicus that became sharp and migrated to his lower right quadrant this morning. He states that the pain became acutely worse 1/2 hour ago and that he is now lightheaded, nauseated, and has vomited numerous times. Physical examination reveals his skin to be cool, pale, and diaphoretic, and he will not let you palpate his abdomen. HR = 132, BP = 76/50, RR = 22, SaO₂ = 95%. Based on his clinical presentation, the most proper treatment, in addition to giving oxygen, would be:

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 open, Trendelenburg position, rapid transport.

D) IV of normal saline, fluid challenge, supine position, expedited transport.

157) Your patient is a 46-year-old male truck driver who is sitting on a toilet complaining of bleeding with defecation. He states that he had to strain significantly to produce a bowel movement, then noted blood on his stool afterwards. He claims no significant medical history, has had no recent illness, and takes no medications. You note the presence of bright red blood on the surface of his stool. Of the following, which is the most likely cause of his clinical condition?

A) Hemorrhoids

B) Upper GI bleed

C) Colitis

D) Crohn's disease

158) McBurney’s point, a common site of pain secondary to appendicitis, is located:

A) 2 inches above the umbilicus in the midline.

B) 1–2 inches above the iliac crest in the right midaxillary line.

C) at the midway point of a line from the symphysis pubis to the right anterior, superior iliac crest.

D) at the midway point of a line from 1–2 inches above the right iliac crest to the umbilicus.
159) Which of the following statements about renal dialysis is TRUE?

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⁺, urea, and creatinine 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, SaO₂ = 92%. Which of the following is most appropriate?

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:

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:

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 combustion?

A) Carbon dioxide  
B) Cyanide  
C) Carbon monoxide  
D) Methane

164) Of pit viper deaths, 90 percent occur within the first:

A) 30 minutes.  
B) 24 hours.  
C) 48 hours.  
D) 1 hour.

165) Your patient is a 26-year-old African-American male who is alert but in severe distress, complaining of pain in his hands and feet, as well as abdominal pain. The pain began this morning but has progressed from an initial rating of 5/10 to a 9/10 at the present time. The patient has a history of sickle cell anemia and denies any trauma. Physical examination reveals cool, diaphoretic skin; pain with palpation to all 4 abdominal quadrants; splenomegaly; and a priapism. HR = 132, BP = 140/90, RR = 16. Select the most appropriate acute diagnosis and treatment for this patient.

A) Sickle cell disease. Administer oxygen according to pulse oximetry readings, start an IV of normal saline, and administer ketorolac for pain.

B) Sickle cell disease. Administer morphine for pain.

C) Sickle cell occlusive crisis. Administer oxygen by nonrebreathing mask, isotonic crystalloids, and morphine.

D) Sickle cell trait. Administer oxygen according to pulse oximetry readings, and give a 500 mL bolus of isotonic crystalloid solution.

166) Which of the following statements about leukemia is TRUE?

A) Leukemias are cancers of erythrocytes.  
B) Infections secondary to low levels of circulating neutrophils are common.  
C) The pediatric mortality rate is greater than 50 percent.  
D) Leukemia is a disease of children and young adults, not older adults.

167) Prehospital treatment for a hemophiliac patient who is bleeding is to:

A) administer IV colloid solutions.  
B) control bleeding with direct pressure.  
C) contact online medical control for factor VIII infusion.  
D) provide aggressive IV therapy with isotonic crystalloids.
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?

A) An increased osmotic gradient is drawing water from the bloodstream into the alveoli.
B) There is aspiration pneumonia.
C) Heart failure secondary to cardiac arrest has produced pulmonary congestion.
D) There is an acute inflammatory response to pollutants in the seawater.

Which of the following disorders is characterized by painful muscle contractions and weakness?

A) Heat cramps
B) Hypocalcemia
C) Thermal intolerance
D) Pyrospasms

A saturation diver on a deep sea construction barge rapidly ascends from 300 feet to the diving bell at 100 feet. You might expect all of the following diving emergencies EXCEPT:

A) pulmonary overpressure injury.
B) decompression injury.
C) nitrogen narcosis.
D) arterial gas emboli.

Which of the following organisms causes mononucleosis?

A) Herpes zoster
B) Epstein–Barr virus
C) Treponema
D) Pediculus humanus capitus

Which of the following types of agents act specifically by inhibiting bacterial growth or reproduction?

A) Aseptic
B) Bacteriostatic
C) Pathological
D) Antiseptic

Which of the following agencies is the primary agency responsible for establishing guidelines and standards to regulate worker safety?

A) OSHA
B) FEMA
C) NFPA
D) CDC

Which of the following best describes the position or bearing of the body?

A) Affect
B) Posture
C) Facies
D) Stature

Which of the following is NOT a common pathophysiological cause of behavioral emergencies?

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 alcohol
   D) Stressful situations

177) Which of the following is TRUE of mittelschmerz?
   A) It is a sign of ectopic pregnancy.
   B) It is associated with ovulation.
   C) It is typically located unilaterally in one of the upper abdominal quadrants.
   D) It is usually accompanied by heavy vaginal bleeding.

178) Which of the following is NOT appropriate in the care of a victim of a sexual assault?
   A) Be especially attentive to the victim’s modesty.
   B) Touch the patient’s shoulder or pat her on the leg often to reassure her.
   C) Approach the patient in a calm, professional manner.
   D) Explain all procedures and ask for permission before beginning.

179) Endometritis is a complication associated with all of the following EXCEPT:
   A) elective abortion.
   B) ectopic pregnancy.
   C) spontaneous abortion.
   D) childbirth.

180) Which of the following statements about trauma in pregnancy is NOT true?
   A) Maternal catecholamine release can cause uterine hypoperfusion and fetal bradycardia.
   B) The risk of musculoskeletal injury is increased.
   C) Signs and symptoms of shock generally occur early and consistently.
   D) The risk of domestic violence is increased.

181) Which of the following is NOT useful to the prehospital care provider when obtaining the history of a pregnant patient?
   A) The father’s general health
   B) Estimated due date
   C) Outcomes of previous pregnancies
   D) History of prenatal care

182) Meconium staining indicates:
   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?

   A) 50 mcg  
   B) 25 mcg  
   C) 5 mcg  
   D) 15 mcg

184) Which of the following is true of secondary apnea in newborns?

   A) The first intervention is "blow-by" oxygen held 1/2 inch from the newborn’s face.
   B) Secondary apnea only occurs in small-for-gestational-age newborns.
   C) This condition requires ventilatory assistance.
   D) Epinephrine is the preferred primary intervention.

185) You have just assisted in the delivery of an approximately 4 kg newborn whose mother is a rather petite primapara. Upon assessment, you note that there is no spontaneous movement of the infant's right arm, although he otherwise exhibits vigorous movement and has a 1-minute APGAR score of 9. Which of the following should you suspect?

   A) Neonatal abstinence syndrome  
   B) Fractured clavicle  
   C) Spinal cord damage  
   D) Caput succedaneum

186) At which of the following ages does the risk of foreign body airway obstruction become a serious concern in the normally developing infant?

   A) 3 months  
   B) 12 months  
   C) 6 months  
   D) 1 month

187) Your patient is a 9-month-old who was a restrained passenger in a motor vehicle collision. He was properly secured in his child safety seat at the time of the collision, but his mother has since taken him out of the seat and is holding him. Due to the significant mechanism of injury, you are going to provide spinal immobilization for the patient. You have found that you lack a cervical collar that fits him. Which of the following is the best way to immobilize this patient?

   A) Place the child on a long backboard with a folded towel under his shoulders and a 1000 cc bag of saline on each side of his head. Place pillows on both sides of his body and use 2-inch tape, rather than straps, to secure the patient to the backboard.
   B) Use the smallest cervical collar available, filling any voids between the collar and the patient with soft dressing material. Place him back in the car seat with padding behind his head. Place a towel roll on each side of his head. Use 2-inch tape across the front of the car seat to secure the towel rolls and the patient’s head.
   C) Place the child back in his car seat. Pad behind his shoulders and place a folded receiving blanket around the back of his neck like a scarf, crossing the ends in front to limit the range of motion of his neck. Place towel rolls on both sides of his head and tape across the front of the car seat, securing the towel rolls and the patient’s head.
   D) Secure a medium-length padded board splint to the patient's spine, using self-adherent roller gauze to secure it to his body and tape to secure it to his head. With the splint in place, the mother can hold him on her lap to comfort him on the way to the hospital.
188) Toddlers are represented in which of the following age groups?
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 an increased risk of hyperthermia in the elderly?
A) Use of diuretics
B) Limited income
C) Decreased effectiveness of sweating
D) Hypothyroidism

190) Your patient is a 77-year-old man whose wife called for EMS because he began acting confused a few hours ago. The patient has high blood pressure and benign prostatic hypertrophy. The patient is agitated and does not understand why you are there. Your assessment reveals warm, moist skin; a heart rate of 72; a respiratory rate of 24; and blood pressure of 142/88. The patient has diminished breath sounds over the right middle lobe, with coarse rhonchi in the right lower lobe; his oxygen saturation is 89 percent on room air. The patient is uncooperative in giving a history, and his wife denies he has a cough or fever. She does state that his appetite has been diminished for the past 2 days. Which of the following should you include in your differential diagnoses?
A) Pulmonary embolism
B) Congestive heart failure
C) Pneumonia
D) Emphysema

191) Which of the following is NOT a significant mental health concern for the elderly?
A) Borderline personality disorder
B) Suicide
C) Drug abuse
D) Alcohol abuse

192) What is the most common living situation of an abused elder?
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 violence are how many times more likely to be sexually molested than children in families with no domestic violence?
A) 3
B) 8
C) 6
D) 0; there is no correlation between the two crimes

194) Which of the following is NOT a characteristic of a partner abuser?
A) The income of the family is below poverty level.
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?
   A) Otitis externa  
   B) Media inflammation  
   C) Otitis media  
   D) Otitis cochlea

196) What is enucleation?
   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 glaucoma?
   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 factor to consider when assessing the chronically ill home-bound patient?
   A) Deviation from baseline condition  
   B) Mental status  
   C) Access to home health care  
   D) Mobility

199) You are on the scene of a motor-vehicle crash involving a van that carries patients to and from dialysis. The van has rolled over and, during the crash, the patient in the rear of the van sustained a nearly severed right arm. The patient is conscious, pale, and diaphoretic. He has an A/V shunt in the unaffected arm. Bleeding has been controlled to the best it can be, and immobilization is complete. What is your most prudent action regarding I/V access?
   A) Cannulate the shunt; the patient is obviously decompensating due to blood loss.  
   B) Now that the bleeding is controlled, there should be no need to access the shunt and risk its contamination.  
   C) Call for a supervisor to make the decision to cannulate the shunt.  
   D) Look for other sites for venipuncture, such as intraosseous.

200) Which of the following best describes a tracheostomy?
   A) An opening made by incision from the larynx through the neck  
   B) A temporary opening made from the posterior neck through the trachea  
   C) An opening from the esophagus to the trachea  
   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?

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?

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 the following should you do first?

A) Start two large bore IVs of isotonic crystalloid solution

B) Rapid trauma assessment

C) Immediate needle chest decompression

D) Assist ventilations with a bag-valve-mask device
204) Upon approaching a vehicle that has crashed into a retaining wall and in which the driver appears to be entrapped, which of the following should you do?

A) Use a spring-loaded punch to break the glass of the rear window.
B) Chock the tires, peel away the sheet metal from 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 identification of a "staging area"?

A) To be able to organize resources in one place for easy and quick deployment
B) To be able to park all the vehicles close to the scene
C) To be able to visualize all the units that have arrived to keep track of them
D) To claim an area close to the scene before onlookers and the media arrive

206) Which definition best describes System Status Management?

A) A computerized deployment system
B) A system by which a work group determines where resources should be placed
C) A monthly moving of resources due to the previous month's call locations
D) A system that uses "status" buttons on its mobile radios

207) The contents of a Mark I kit are most effective when they are:

A) injected subcutaneously or intramuscularly.
B) inhaled.
C) ingested.
D) administered intravenously.

208) Which of the following is the most effective way for EMS personnel to protect themselves against exposure to biological agents of terrorism?

A) Disinfect the ambulance
B) Use a HEPA mask
C) Get immunized
D) Wear gloves

209) Which of the following questions should guide the paramedic in ethical decision making?

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 this action?"
D) "What is in the patient's best interest?"
210) Which of the following practices can help reduce back injuries during lifting?
   A) Twisting during lifting to reduce the number of steps to move a patient
   B) Gaining body weight to anchor the lift
   C) Using traditional situps to strengthen lower back muscles
   D) Keeping the palms 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 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 following is best described as the unlawful touching of another individual without the individual’s consent?
   A) Assault
   B) Malpractice
   C) Battery
   D) Negligence

213) Which type of lymphocyte produces antibodies to combat infection?
   A) A cell
   B) M cell
   C) T cell
   D) B cell

214) Which of the following statements about leukocytes is FALSE?
   A) Leukocytes follow chemical signals to an infection site.
   B) Leukocytes can travel through blood vessel walls into the surrounding tissues.
   C) Leukocytes engulf and destroy foreign invaders via leukopoiesis.
   D) Leukocytes protect against foreign invaders.

215) The attraction of leukocytes to the site of inflammation during degranulation is called:
   A) apoptosis.
   B) chemotaxis.
   C) histocompatibility.
   D) catabolism.

216) Which of the following factors contributes to the development of disease conditions in a geriatric patient?
   A) Pre-existing disease(s)
   B) Inadequate nutrition
   C) Genetic predisposition
   D) All of the above
217) Which of the following best describes the development of the sensory portion of the nervous system in infants?
   A) They have not yet developed an acute sense of pain.
   B) They both feel pain and can localize the sensation to respond to it.
   C) They can feel pain but cannot isolate the sensation to respond to it.
   D) None of the above.

218) To which of the following conditions are infants especially susceptible?
   A) Hypothermia
   B) Fatigue due to increased respiratory effort
   C) Dehydration
   D) All of the above

219) A concern for patients taking both insulin and beta blockers is:
   A) beta2 adrenergic blockers can hide the effects of hypoglycemia, making it difficult to recognize, as well as decrease, the release of glucagon.
   B) beta blockers prevent the release of insulin from the beta cells in the pancreas.
   C) the two medications, when taken together, have a synergistic effect.
   D) beta blockers, due to their sympatholytic effects on the nervous system, can further reduce available ATP to the cells of the body in the presence of insulin.

220) Benzodiazepines are safer than barbiturates because:
   A) the therapeutic dose of barbiturates is very close to the lethal dose.
   B) benzodiazepines cannot cause hypotension or respiratory depression.
   C) the effect of benzodiazepines is limited by the amount of endogenous GABA in the CNS.
   D) benzodiazepines cause a counteraction by inducing high levels of dopamine in the CNS.

221) Administration of medication into the dorsal gluteal muscle must be injected into which quadrant of the muscle?
   A) Upper, outer
   B) Upper, inner
   C) Lower, inner
   D) Lower, outer

222) Which of the following is an advantage of sublingual drug administration?
   A) Rapid dissolution of tablets so that the medication can be swallowed
   B) Rapid absorption due to sublingual vasculature
   C) Slow rate of drug absorption
   D) Uniform absorption through the conjunctival mucosa

223) What percentage of oxygen is delivered by a simple face mask?
   A) 95 to 100
   B) 40 to 60
   C) 80 to 90
   D) 60 to 80
224) A portable suction device should generate a flow rate of _______ liters per minute when the tube is open.

A) 30    B) 40    C) 20    D) 50

225) En route to the hospital, your patient says, "You know, I haven't had a date since my spouse died 6 years ago. Why don't you take down my phone number and call me?" Which of the following is an appropriate response?

A) "I'm sure you understand my situation. I'm here to provide you with medical care and transportation to the hospital. It isn't proper for me to have anything but a professional relationship with a patient."

B) "That is an inappropriate request, and I expect that you'll not make any further suggestions that we might become personally involved."

C) "It isn't that I don't find you attractive; I certainly do, but it isn't proper for me to have a personal relationship with a patient."

D) "I can't call you because of professional ethics, but my phone number is listed in the book."

226) Which of the following responses most clearly illustrates the feedback technique of confrontation?

A) "A number of things can cause vomiting. We don't have enough information yet to determine what might be the cause in your situation."

B) "You said you aren't having any pain, but I notice you keep holding your stomach."

C) "So, first you vomited, then you began having abdominal pain?"

D) "I'm not sure I understand what you mean by, 'Feeling sick.'"

227) Which of the following questions gathers information about a patient's current health status?

A) "Do you also feel nauseous?"

B) "Where does the pain go?"

C) "When did you have your appendix removed?"

D) "How many cigarettes do you smoke a day?"

228) All of the following actions can help make taking a history on a sensitive subject easier EXCEPT:

A) observing experienced clinicians ask these type of questions.

B) asking some opening question to these subjects as practice.

C) attending a lecture or seminar on these sensitive subjects to learn more about them.

D) using euphemisms and metaphors to ask embarrassing questions.

229) The fourth heart sound S₄ is:

A) the "dub" of "dee-lub-dub."

B) a ventricular gallop sound.

C) a high-pitched sound at the base of the heart.

D) an atrial gallop sound.
230) A complete neurological exam includes assessment of mental status and speech, the motor and 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 should:
   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 spaces.
   D) palpate the patient's trachea.

232) Which of the following is NOT an example of a mechanism of injury?
   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 information about your patient and the scene. This step in the critical decision-making process is called:
   A) reflecting on the incident.    B) evaluating results.
   C) interpreting the data.        D) forming a concept.

234) After determining that your patient is in cardiac arrest, you and your crew begin resuscitation. CPR is begun, the airway is managed with a BVM and oral airway, and an IV is initiated. Several medications are delivered, and the results are evaluated. You determine that the patient needs an intervention that requires base contact. Until now, you have been operating under:
   A) algorithms.                   B) protocols.
   C) standing orders.              D) intuition.

235) Which of the following best explains the need to communicate effectively with other responders?
   A) Making sure you can recover your equipment afterward
   B) Exchanging career information
   C) Coordinating and implementing the treatment plan
   D) Summoning EMS through a PSAP

236) The verbal report to the receiving hospital should always include vital information, chief complaint, and:
   A) EMS unit status.               B) personal physician information.
   C) next-of-kin name and telephone. D) treatments rendered.
237) Which of the following documents containing vital information is affixed to the patient during large-scale incidents with multiple patients?

A) MCI narratives  
B) PCRs  
C) Medic Alert tags  
D) Triage tags

238) Which of the following allows you to increase the amount of information you can quickly and efficiently write on your PCR?

A) Time stamps  
B) Medical terms  
C) Pertinent negatives  
D) Acronyms and abbreviations

239) Which of the following patients is NOT a candidate for air medical transport?

A) Combative trauma patient  
B) Seriously injured patient with cardiac tamponade  
C) Burn patient with over 50 percent partial thickness burns  
D) Patient with prolonged extrication time

240) Which level of trauma facility has minimal surgical support but can stabilize before transferring to a higher-level trauma facility?

A) I  
B) II  
C) III  
D) IV

241) Which of the following mechanisms in a motor vehicle collision would most likely result in a tear of the liver at the ligamentum teres?

A) Gradual deceleration  
B) Gradual acceleration  
C) Sudden acceleration  
D) Sudden deceleration

242) You are called to the scene of a vehicle crash in which a car was rear ended while stopped at a stop sign. Which of the following laws of physics serves as the basis for analyzing the mechanism of injury and the associated suspicion of index for injuries?

A) Energy can neither be created nor destroyed.  
B) A body in motion will remain in motion unless acted on by an outside force.  
C) A body at rest will remain at rest unless acted on by an outside force.  
D) The amount of energy transmitted to an object is inversely proportional to its rate of deceleration.

243) Which two factors related to kinetic energy proportionately affect the damage a projectile will do?

A) Fragmentation and velocity  
B) Velocity and yaw  
C) Mass and fragmentation  
D) Velocity and mass

39
244) Which of the following is NOT considered penetrating trauma?
   A) A laceration from a kitchen knife
   B) A laceration on the forehead as a result of being struck with a metal pipe
   C) A superficial wound resulting from a pellet from a pellet gun being lodged under the skin
   D) Receiving a wood splinter in the foot while walking on an unfinished deck

245) Which of the following statements about the patient in neurogenic shock is NOT true?
   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 should you maintain the highest index of suspicion for hemorrhagic shock?
   A) Blunt trauma to the head, resulting in a full-thickness laceration to the forehead
   B) Frontal-impact motor vehicle collision at 45 miles per hour
   C) Gunshot wound resulting in an open tibia fracture
   D) 10-foot fall from a ladder

247) You arrive on the scene of a patient with severe blunt trauma to the face. You hear gurgling as you approach the patient. What should your next action be?
   A) Open the airway and perform aggressive suctioning.
   B) Sit the patient up and lean him forward to prevent him from swallowing blood.
   C) Control the source of hemorrhage.
   D) Open the airway and begin to ventilate the patient.

248) Which of the following best describes the skeletal muscle degeneration secondary to crushing trauma that causes the release of metabolic by-products?
   A) Rhabdomyolysis
   B) Necrosis
   C) Rouleaux formation
   D) Myoglobinemia

249) For which of the following burn patients could you use local cooling?
   A) A 19-year-old female with approximately 40 percent superficial and 45 percent partial-thickness burns from sunbathing
   B) An 18-month-old child with partial- and full-thickness scald burns on both lower extremities, buttocks, genitalia, and lower abdomen
   C) A 52-year-old male with a 1-inch-wide, full-thickness burn across the entire width of the palm of his right hand resulting from picking up a hot grate from a barbecue grill
   D) A 15-year-old male with partial-thickness burns of his left upper extremity, anterior chest, and neck resulting from playing with gasoline and matches
Your patient is a 23-year-old female who was rescued from a burning house. She was asleep in a back bedroom when the fire started, and there was no smoke alarm. During transport, you monitor her EKG and pulse oximetry, as well as her vital signs. She has a pulse oximetry reading of 99% after receiving oxygen by nonrebreathing mask. In which of the following ways is this finding significant?

A) Oxygenation is adequate and no supplemental oxygen is needed.
B) You can be assured that there was minimal to no inhalation of smoke or toxic gases.
C) You cannot rely on this measure alone to assess oxygenation.
D) Oxygen has been effective in increasing the saturation of her hemoglobin.

Which of the following best describes the percentage of musculoskeletal trauma in multisystems trauma patients?

A) 90  B) 50  C) 30  D) 80

Your patient is a 50-year-old motorcyclist who received a lateral impact from an automobile as he went through an intersection. He has a deformity of the right midthigh and an open right tibia/fibula fracture. He also has a fracture of his left forearm and some abrasions. He was wearing a helmet and suffered no loss of consciousness. He currently has a strong radial pulse of 100, his skin is warm and moist, and he has adequate respirations at 20 per minute. Which of the following is the best way to manage this patient’s lower-extremity trauma?

A) Perform a rapid trauma assessment and, if nothing significant is noted, assess distal neurovascular status, apply and secure padded long board splints laterally and medially, ensure spinal immobilization, begin transport, start two large-bore IVs of isotonic crystalloid, perform a detailed examination, and consult with medical control for pain management.
B) Perform a rapid trauma assessment and, if nothing significant is noted, assess distal neurovascular status, apply a traction splint, ensure spinal immobilization, begin transport, start two large-bore IVs of isotonic crystalloid, perform a detailed examination, and consult with medical control for pain management.
C) Apply high-flow oxygen, perform a rapid trauma assessment, ensure spinal immobilization using the long backboard to splint the lower extremity, and avoid analgesia due to multisystems trauma potential.
D) Apply high-flow oxygen, perform a rapid trauma assessment, apply PASG, ensure spinal immobilization, start two large-bore IVs of isotonic crystalloid solution, infuse wide open, and begin transport but avoid analgesia due to multisystems trauma potential.

Which of the following may result from seizure, worsening the condition of the patient with a traumatic brain injury?

A) Increased cerebral edema due to impaired ventilation
B) Increased intracranial pressure due to the seizure activity
C) Exacerbation of existing brain injury due 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 trauma?

A) Infants  B) Young males  C) The elderly  D) Middle-aged males

255) A spinal cord lesion that results in paralysis of both lower extremities is known as:

A) hemiparesis.  B) quadriplegia.  C) paraplegia.  D) hemiplegia.

256) The finding of jugular venous distension in a patient with thoracic trauma would be most consistent with which of the following?

A) Open pneumothorax  B) Simple pneumothorax  C) Hemothorax  D) Tension pneumothorax

257) Which of the following may impact the pattern of injury in abdominal trauma?

A) A full bladder  B) A full stomach  C) Breathing  D) All of the above

258) Your patient is a 16-year-old male who attempted suicide. He is unconscious and apneic, lying supine on a garage floor. The family states they found the patient unconscious in the front seat of a car that was running in an enclosed garage. HR = 70, BP = 100/60, RR = 0. Which of the following is the most appropriate?

A) Remove the patient from the garage, initiate BVM ventilations with 100% oxygen, intubate, and transport to nearest the facility.
B) Remove the patient from the garage, intubate, and transport to the nearest hospital.
C) Remove the patient from the garage, initiate BVM ventilations with 100% oxygen, intubate, and transport to a hospital with a hyperbaric chamber.
D) Intubate, remove the patient from the garage, and transport to a hospital with a hyperbaric chamber.

259) Slowing of the electrical impulse at the AV node is necessary to allow time for the ______ to fill with blood.

A) atria  B) ventricles  C) coronary arteries  D) coronary sinus

260) Which of the following is caused by unilateral paralysis of cranial nerve VII?

A) Autonomic dysreflexia  B) Dystonia  C) Myoclonus  D) Bell’s palsy
261) You are presented with a 42-year-old male patient who is supine on the floor, responsive to pain only. His wife states that he has been extremely depressed recently and had talked about suicide the night before. PE reveals hot, dry skin; pupils dilated and reactive to light bilaterally; and vomit around his mouth. HR = 138 and regular, BP = 82/52, RR = 16 and shallow. Temperature via tympanic thermometer is 105.5°F. The patient’s wife states a medical history of hypothyroidism for which he takes Synthroid. Your partner suctions the airway and initiates BVM ventilations with 100% oxygen and an oropharyngeal airway. Further treatment for this patient should include:

A) endotracheal intubation, cardiac monitor, IV of NS, fluid resuscitation, propranolol IV, transport.
B) cardiac monitor, IV with NS 1–2 L, cardizem IV, transport.
C) cardiac monitor, IV of NS, cardizem IV, transport.
D) cardiac monitor, synchronized cardioversion, IV of NS KVO, transport.

262) Your patient is a 43-year-old female with a history of peanut allergy. She is complaining of dizziness after eating a casserole that she later discovered contained peanuts. Your physical examination reveals warm, diaphoretic skin; a blotchy, red rash covering her chest and arms; and lung sounds that are clear and equal bilaterally. HR = 122, BP = 124/76, RR = 15 and regular, SaO2 = 97%. In addition to providing oxygen, appropriate treatment for this patient may include:

A) IV of NS wide open, epinephrine 1:1000 SQ, diphenhydramine IV.
B) IV of NS KVO, epinephrine 1:1000 SQ, diphenhydramine IV, nebulized albuterol.
C) IV of NS KVO.
D) IV of NS KVO, epinephrine 1:1000 SQ, diphenhydramine IV.

263) Your patient is a 38-year-old female with a history of Crohn’s disease. She is conscious and alert, complaining of abdominal pain. She describes a 1-week history of increasingly diffuse, crampy abdominal pain. She also states that she has had nausea and vomiting, fever, and diarrhea the past 2 days. Physical examination reveals that her skin is warm and dry and that her abdomen is tender to palpation in all quadrants with no masses or distension noted. HR = 100, BP = 118/78, RR = 14, SaO2 = 99%. Which of the following treatments is appropriate in the prehospital management of this patient?

A) Kertoralac (Toradol)
B) Methylprednisolone
C) Diphenhydramine
D) None of the above

264) Renal and urologic disorders affect about _______ people in the United States.

A) 3.5 billion
B) 250,000
C) 50,000
D) 20 million

265) The primary goal with a patient who has been bitten by a pit viper is to:

A) remove the venom from the surrounding tissue.
B) administer oxygen.
C) slow absorption of the venom.
D) administer antivenom.
266) Which of the following situations would NOT result in anemia?  
A) Increased production of erythropoetin  
B) Destruction of red blood cells  
C) Blood loss  
D) Iron deficiency  

267) A female patient is complaining of numbness in her fingers and toes that started while she was skiing. Upon examination, her extremities appear soft and blanched. Patient management should consist of:  
A) rewarming in a 100°F water bath.  
B) massaging the blanched areas to promote blood flow.  
C) puncturing blisters to reduce swelling.  
D) administering an analgesic to reduce pain while the areas are thawing.  

268) All of the following are common signs or symptoms of lice infestation EXCEPT:  
A) itching.  
B) white, oval-shaped nits on the hair shafts.  
C) open lesions in the affected areas.  
D) red macules or papules on the affected areas.  

269) Which of the following is MOST likely to effectively gain the cooperation of psychologically disturbed patients for physical examinations?  
A) Asking the patients' permission to examine them  
B) Telling the patients you cannot help them unless you do thorough physical examinations  
C) Telling the patients you must examine them  
D) Standing closer to and using more physical contact with the patients than usual  

270) Which of the following BEST explains why the use of an intrauterine device (IUD) increases the risk of developing pelvic inflammatory disease?  
A) An IUD abrades the endometrium, allowing microorganisms to invade the uterine wall.  
B) The use of a copper IUD use weakens the user's immune system.  
C) The absorbent cotton string of the IUD acts as a wick for bacteria to enter the uterus.  
D) Women with an IUD are more likely than other women to have multiple sexual partners.  

271) The most important consideration when managing a premature infant is:  
A) continuously suctioning the airway.  
B) determining blood glucose.  
C) preventing the loss of body heat.  
D) administering 100% oxygen.  

272) Which of the following terms refers to babies during their first few hours of life?  
A) Newborns  
B) Pediatrics  
C) Neonates  
D) Infants
273) You are caring for a 7-year-old girl who was run over by the neighborhood ice cream truck. Other than some abrasions, the patient appears to have an isolated right femur fracture. The child is sobbing and uncooperative, and her mother is nearly hysterical, pleading with you not to let her daughter die. Your partner and the first responding engine crew are caring for the patient. Which of the following is the best way to gain control of this situation?

A) Tell the mother it is obvious from her daughter's screaming that she isn't in any immediate danger of dying. Tell her to calm down or you may have to have the police remove her from the scene.

B) Let the mother know it is natural to feel guilty when her lack of supervision led to her daughter's injury. Tell her that her daughter is probably not going to die but that it's hard to say right now if her leg is permanently damaged.

C) Tell the mother you can see how upset she is and that it would be better if she went inside the house since watching her daughter's treatment is so upsetting to her.

D) Let the mother know that you and your partner are paramedics with special training in caring for injured children. Tell her you will be stabilizing her daughter's leg to reduce her pain and that it would be very helpful if she could get a favorite toy for her daughter to take to the hospital with her.

274) Which of the following is a normal age-related change in the nervous system?

A) Delerium
B) Dementia
C) Loss of intelligence
D) Decreased brain size

275) What is one of the most important indicators of child abuse?

A) Child’s behavior
B) Attitude of the family members
C) Presence of both parents or lack of one parent
D) Family finances

276) The inability of nerve impulses to reach the auditory center of the brain is called:

A) sensorineural deafness.
B) audioneural deafness.
C) conductive deafness.
D) cochlear imbalance.

277) You are sent to a home for a cardiac arrest. You find a patient who has been under hospice care for end-stage AIDS in cardiac arrest. The nurse tells you that some family members who were present when the patient died did not feel that not providing care was a prudent thing to do, so they called 911. She apologizes. A relative interrupts and says she doesn't care what the nurse says, she wants you to help her brother. What should your next action(s) be?

A) Have the nurse provide the DNR. If it is in order, explain to the sister that you are bound to adhere to the orders.

B) Tell the sister that it is best to let him go.

C) Provide all the interventions you can. You have no standing not to.

D) Start CPR and ACLS. Do a round of drugs, then 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 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  
C) Hypothermia  
D) Cardiac arrhythmias

279) Which of the following types of command would be best to implement in a multijurisdictional incident?

A) Unified  
B) Law enforcement  
C) Fire  
D) Diversified branch

280) A chemical agent with which of the following characteristics would pose the greatest inhalation risk?

A) Low volatility, high specific gravity  
B) Moderate volatility, high specific gravity  
C) Low volatility, low specific gravity  
D) High volatility, low specific gravity

281) Which of the following situations is NOT addressed by EMS system protocols?

A) Requirements for paramedic continuing education.  
B) Patient transport destinations.  
C) Mode of patient transportation.  
D) Standing orders.

282) The granting of permission by a governmental body for a qualified individual to engage in a particular profession or occupation is known as:

A) registration.  
B) licensure.  
C) certification.  
D) reciprocity.

283) Scenario: Your patient is unable to extend her leg or flex her hip. In which of the following spinal nerve plexuses and origins do you suspect the injury may have occurred?

A) Sacral plexus, T-12 to L-4  
B) Lumbar plexus, T-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 is NOT one of the functions carried out during the inflammation response?

A) Promotion of healing  
B) Development of humoral immunity  
C) Walling off of the infected and inflamed area  
D) Removal of unwanted substances

285) When palpating the head of a 12-month-old infant, it would be normal to palpate the _______ fontanelle.

A) posterior  
B) anterior  
C) sphenoid  
D) occipital
286) Which of the following medications is a loop diuretic?

A) Hydrochlorothiazide (HydroDIURIL)  B) Furosemide (Lasix)
C) Mannitol (Osmotrol)  D) Spironolactone (Aldactone)

287) Which of the following is the appropriate method for preparing a site for venipuncture or injection?

A) Use of a disinfectant  B) Chemical sterilization
C) Use of an antiseptic  D) Cleaning

288) A high-pitched inspiratory noise caused by a partial upper airway obstruction is called:


289) ______ may result in a failure of communication between a paramedic and a patient.

A) Prejudice  B) Lack of privacy
C) External distractions  D) All of the above

290) Which of the following is an example of an open-ended question?

A) "Where do you hurt?"
B) "Does your pain radiate to the shoulder?"
C) "Do you take high blood pressure medicine?"
D) "Do you have any allergies to medicine?"

291) While palpating the head, abnormal findings may include:

A) nontenderness of the cranium.  B) indentations in the skull.
C) symmetry of the face.  D) clicking of the TMJ without pain.

292) A paramedic should wear a properly fitted HEPA mask when evaluating a patient exhibiting signs and symptoms of:

A) COPD.  B) TB.  C) asthma.  D) influenza.

293) Critical thinking is a thought process used to:

A) establish credibility with an emergency physician.
B) analyze and evaluate.
C) defend one's actions in a CQI review process.
D) focus on a situation's most important aspect.
294) The main duties of the dispatcher, after sending the responders and providing prearrival 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:

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?

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?

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?

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 for the trauma patient with ongoing, significant hemorrhage?
   A) Invasive hemodynamic monitoring and serial hematocrits
   B) Administration of hypertonic crystalloid or colloid solution
   C) Immediate surgery
   D) Administration of blood or blood products

300) Which of the following is a potential complication of crush injury?
   A) Renal failure
   B) Calcifications in the vascular and nervous systems
   C) Sudden death
   D) All of the above

301) The three primary factors that determine the severity of radiation are:
   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 managing a patient with bilateral closed femur fractures?
   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 will most likely result in which of the following?
   A) Bilateral midpoint, nonreactive pupils
   B) Normal right pupil; dilated, nonreactive left pupil
   C) Normal left pupil; dilated, nonreactive right pupil
   D) Bilaterally constricted, nonreactive pupils

304) Your patient is a 30-year-old male who was playing a backyard game of football and was tackled forcefully from the left side at the level of the shoulder. Based on this mechanism of injury, you should suspect which of the following patterns?
   A) Subluxation of one or more thoracic vertebrae
   B) Compression fractures of the thoracic spine
   C) An axial distraction injury of the cervical region
   D) Compression fractures on the left side of the cervical spine; torn ligaments on the right side of the cervical spine
305) As the diaphragm ________, the intrathoracic pressure ________.
   A) contracts, increases  B) contracts, decreases
   C) relaxes, increases     D) relaxes, decreases

306) Which of the following best describes shear injuries to the abdominal organs?
   A) Impact of solid organs with the abdominal wall in rapid deceleration
   B) Sudden compression of gas-containing hollow organs resulting in their rupture
   C) Sudden decompression of solid or hollow organs
   D) Tearing of the organ in which the organ is fixed at its point of attachment but free to move otherwise

307) Your patient is a 44-year-old female, alert and oriented, in moderate distress, and complaining of difficulty breathing. She gives a 1-week history of fever and malaise, with shortness of breath developing 3 days ago. She also has left-sided chest pain with deep inspiration and a "phlegmy" cough. Physical examination reveals hot, pale, dry skin and rhonchi and rales throughout the left lung. The right lung sounds are clear. HR = 134, BP = 88/64, RR = 24, SaO₂ = 92%. She has a history of two previous myocardial infarctions and takes nitroglycerin as needed. Which of the following is the best course of prehospital management?
   A) Albuterol via nebulizer with 100% oxygen, IV of NS KVO
   B) Oxygen via nonrebreathing mask 15 lpm, IV of NS with fluid challenge
   C) Oxygen via venturi mask 24–35%, nebulized albuterol and ipratropium, IV of NS KVO, IV corticosteroids
   D) Endotracheal intubation, ventilation with 100% oxygen, IV of NS KVO, nebulized albuterol and Atrovent, corticosteroids IV

308) Measures to treat cardiogenic shock include all of the following EXCEPT:
   A) reducing stroke volume.  B) reducing peripheral resistance.
   C) increasing the contractile force.   D) improving preload.

309) An 8-year-old male child is alert and oriented after a brief episode of eyelid fluttering and slight loss of muscle tone, which caused him to slump in his chair. His teacher reports that the child was inattentive for about 15–20 seconds during the episode but was fine after. This most indicates a(n) ________ seizure.
   A) pseudo  B) generalized  C) absence  D) simple partial
310) Your patient is a 45-year-old type I diabetic complaining of a 5-day history of abdominal pain, nausea/vomiting, and increased urination and thirst. His skin and mucus membranes are warm and dry. HR = 112 bpm and regular, BP = 94/60, RR = 12 and regular. Your treatment for this patient would most likely include:

A) IV of NS KVO, 50% dextrose IVP.
B) IV of NS 1–2 L.
C) IV of D5W KVO, 50% dextrose IVP.
D) IV of NS KVO, nitroglycerin 0.4 mg SL, every 3–5 minutes.

311) Which of the following treatment regimens for anaphylaxis lists the medications in the correct order of administration following oxygen?

A) Epinephrine, diphenhydramine, dexamethasone
B) Dexamethasone, diphenhydramine, epinephrine
C) Diphenhydramine, epinephrine, dexamethasone
D) Epinephrine, dexamethasone, diphenhydramine

312) Increased hepatic resistance to blood flow, as happens in cirrhosis, results in:

A) hepatic arterial hypertension and obstruction of the common bile duct.
B) portal artery hypertension and ascites.
C) hepatic vein hypertension and hepatic vein aneurysm.
D) portal vein hypertension and esophageal varices.

313) Of the following, which is TRUE of the changes in blood chemistry in a patient with chronic renal failure?

A) Blood glucose decreases
B) Uremia and creatinine levels increase
C) H⁺, K⁺, and Na⁺ retention leads to isothenuria
D) H⁺ excretion leads to alkalosis

314) Which of the following cause(s) injury by inducing liquefaction necrosis?

A) Acids
B) Emulsifiers
C) Caustics
D) Alkalis

315) Which of the following statements about disseminated intravascular coagulation (DIC) is TRUE?

A) DIC most commonly results from hemophilia, hypertension, and severe tissue injury.
B) Activated thrombin converts fibrinogen to fibrin in the circulating blood.
C) The bleeding typical of DIC is a result of an increased fibrinogen level.
D) Causes of DIC include reduced fibrinogen levels, consumption of coagulation factors, and thrombocytopenia.
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?

A) The thyroid gland secretes more thyroxine immediately.
B) Production and secretion of erythropoietin increases in 2 hours.
C) You will suffer from minor decompression illness.
D) An increase in PCO$_2$ results in hyperventilation.

317) Which of the following statements about *Haemophilus influenzae* type B is TRUE?

A) It is a gram-positive rod.
B) It is the leading cause of conjunctivitis in adults.
C) Vaccines are ineffective against *Haemophilus influenzae* type B.
D) It was once the leading cause of meningitis in children aged 6 months to 3 years.

318) Which of the following best describes a person’s state of cognitive functioning?

A) Intelligence  B) Level of consciousness
C) Affect  D) Mental status

319) A 33-year-old female presents with "a heavy menstrual flow" after not having her menstrual period for 2 months. What other signs and symptoms would you MOST expect with this patient?

A) Crampy abdominal pain and passing of clots and tissue
B) Fever and purulent, foul-smelling discharge
C) Dull, lower L quadrant abdominal pain
D) Sharp, lower R quadrant abdominal pain

320) Which of the following is NOT part of normal management of the mother postdelivery?

A) Applying direct pressure to control hemorrhaging of perineal tears
B) Inspecting the perineum for tears
C) Frequently monitoring vital signs
D) High-flow oxygen by nonrebreather

321) You are called to the home of a 72-hour-old infant whose mother is concerned because the infant has been "vomiting after she eats." Based on this information, which of the following should you include in your history and physical assessment?

1. Asking whether the infant is "spitting up" or having forceful vomiting
2. Checking the blood glucose level
3. Asking whether there were any complications with the pregnancy or delivery
4. Cardiac monitoring
5. Assessing the fontanelles

A) 1, 2, 3, 4, and 5  B) 2, 3, and 4  C) 1, 2, 3, and 5  D) 1, 3, and 5

52
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?

A) 10 ml of 25% dextrose  
B) 25 ml of 50% dextrose  
C) 25 ml of 25% dextrose  
D) 10 ml of 50% dextrose

323) Which of the following statements regarding drug abuse in the elderly is NOT true?

A) Changes in hearing and vision may be due to drug abuse.  
B) The elderly are unlikely to abuse prescription drugs.  
C) Drug abuse in the elderly may include over-the-counter drugs.  
D) Drug abuse is a possibility to consider when dealing with elderly patients with changes in their mental status.

324) Which of the following common conditions may be mistaken for child abuse?

A) Diaper rash  
B) Mosquito bites  
C) Chicken pox  
D) Rug burns

325) You have responded to a report of an injured person. When you arrive, you find a 55-year-old blind woman who has fallen and sustained a small laceration to her forehead. She has a guide dog. What is the most appropriate action to take regarding transport?

A) Explain to the patient that the ambulance is a sterile area and that she will have to call a friend to come get the dog.  
B) Transport the guide dog with the patient.  
C) It is not your responsibility nor is it appropriate for you to accommodate the dog  
D) Call animal control to hold the dog until the owner can retrieve it.

326) When you arrive on the scene of an incident in which a home healthcare provider is present, which of the following is the best way to deal with the situation?

A) Let the person talk to a member of the crew not involved in patient care to keep the person busy and out of the way.  
B) Tell the individual that your certification overrides the individual’s and that you are in charge now.  
C) Ascertain the person’s certification level. If the person is not an RN, ignore the person and ask the person to stand back.  
D) Respect the person’s position, use the person's information accordingly, and request the person’s help should the need arise.
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?
   A) Administer 5 mg of lorazepam, IV or IM.
   B) No medications are necessary at this time.
   C) Consult with medical control concerning the administration of phenytoin sodium (Dilantin).
   D) Administer diazepam in incremental doses up to 10 mg, intravenously.

328) Which of the following refers to the type of ambulance that is fairly new to the market and is designed to carry loads of over 24,000 pounds?
   A) A medium duty
   B) A heavy duty
   C) A modified Type III
   D) A super duty

329) You respond to an outdoor gathering where a popular televangelist is holding a crusade. First-aid personnel at the gathering have reported that they have several people with "upper respiratory" problems. As you approach the first-aid tent, you notice several dead birds. This indicates which of the following types of terrorist attack?
   A) Dirty bomb
   B) Conventional
   C) Biological
   D) Chemical

330) When coping mechanisms can no longer buffer job stressors, the likely result is:
   A) eustress.
   B) burnout.
   C) fugue state.
   D) withdrawal.

331) The legal duties of a paramedic are generally set forth by:
   A) statutes.
   B) the National Standard Curriculum.
   C) the Oath of Geneva.
   D) the EMT Oath.

332) _______ receptors are located in peripheral blood vessels and are responsible for vasoconstriction.
   A) Alpha
   B) Dopaminergic
   C) Beta₁
   D) Beta₂

333) Which of the following best describes the body’s reaction to exposure to or invasion by antigens?
   A) Adaptation
   B) Anaphylaxis
   C) Immune response
   D) Negative feedback

334) Which of the following serves as a guideline for the expected weight of a 4- to 6-month-old child?
   A) Tripled his or her birth weight
   B) Doubled his or her birth weight
   C) Increased birth weight by 2 to 3 pounds
   D) Gained at least 5 pounds

335) Drugs with high abuse potential and no accepted medical benefits are classified as Schedule:
   A) III
   B) IV
   C) I
   D) II
336) Which of the following veins is NOT a site of peripheral venous access?
   A) Subclavian  B) Saphenous  C) External jugular  D) Median basilic

337) Which of the following basic airway adjuncts prevents the tongue from falling back to occlude the airway?
   A) Yankauer catheter  B) Laryngeal mask airway  C) Oropharyngeal airway  D) Nasal cannula

338) Social distance refers to a space of ______ feet between people.
   A) 2 to 3  B) 3 to 6  C) 4 to 12  D) 12 or more

339) Which of the following is an example of a closed-ended question?
   A) "Do you have any medical history?"
   B) "Where is your discomfort?"
   C) "What were you doing when the pain began?"
   D) "What is your medical history?"

340) When documenting exam findings, you should record:
   A) only negative findings.  B) positive and negative findings.
   C) only findings you’re not sure about.  D) only positive findings.

341) Which of the following is not needed to examine a patient complaining of abdominal pain?
   A) Performing a tilt test  B) Checking for pupil reactivity to light
   C) Looking for Cullen’s sign  D) Noting any unusual odors from the mouth

342) Ways to remain calm under pressure include all of the following EXCEPT:
   A) breathing quickly and deeply.
   B) learning to multitask.
   C) using mental checklists.
   D) raising your technical skills to a pseudo-instinctive level.
343) When preparing a written report, you must remain aware that it is a(n) _______ and a part of your patient’s permanent medical record.

A) document used for continuous quality improvement
B) legal record
C) representation of the care you provided
D) all of the above

344) Careful, thorough documentation has the effect of _______ frivolous lawsuits.

A) bolstering  B) enabling  C) discouraging  D) encouraging

345) A trauma center that is committed to special emergency department training and has a degree of surgical capability but that usually stabilizes and transfers seriously injured patients is a Level _______ trauma center.

A) I  B) II  C) III  D) IV

346) Which of the following factors is NOT a consideration in the severity of injury related to falls?

A) Distance of the fall  B) The initial point of impact  C) Wind resistance  D) Landing surface

347) The path a projectile follows during a flight is called its: 

A) ballistics.  B) cavity.  C) drag.  D) trajectory.

348) Pericardial tamponade would most likely result in which of the following types of shock?

A) Distributive  B) Cardiogenic  C) Obstructive  D) Respiratory

349) Your patient is a 15-year-old soccer player who was kicked in the calf by another player. She has a contusion on her calf, but the amount of pain she is experiencing seems out of proportion to the apparent injury. You note that, although you can palpate a pedal pulse, there is swelling in the foot and ankle, and the skin is cool to the touch. You should suspect which of the following at this time?

A) A fasciotomy  B) Volkmann’s ischemic contracture  
C) Crush syndrome  D) Compartment syndrome

350) You are assessing a 17-year-old male patient with a burn on the lateral aspect of his thigh. Which of the following guidelines is most helpful when estimating the percentage of total body surface area involved?

A) The Parkland Formula  B) The modified pediatric Rule of Nines  
C) The Rule of Palms  D) The Rule of Nines
Answer Key
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   Page Ref: 55
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   Page Ref: 69
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    Page Ref: 67
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    Page Ref: 134
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    ID: epc2b 14-6
    Page Ref: 718
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   Page Ref: 791

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   Page Ref: 782

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Page Ref: 1319

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Page Ref: 1330

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ID: epc2b 34-62  
Page Ref: 1377

266) A  
ID: epc2b 35-5  
Page Ref: 1397

267) D  
ID: epc2b 36-25  
Page Ref: 1422

268) C  
ID: epc2b 37-29  
Page Ref: 1481

269) A  
ID: epc2b 38-19  
Page Ref: 1489

270) A  
ID: epc2b 39-21  
Page Ref: 1511

271) C  
ID: epc2b 40-38  
Page Ref: 1542

272) A  
ID: epc2b 41-1  
Page Ref: 1555

273) D  
ID: epc2b 42-6  
Page Ref: 1587

274) D  
ID: epc2b 43-29  
Page Ref: 1681

275) A  
ID: epc2b 44-22  
Page Ref: 1721

276) A  
ID: epc2b 45-6  
Page Ref: 1731

277) A  
ID: epc2b 46-27  
Page Ref: 1774

278) A  
ID: epc2b 47-35  
Page Ref: 1786

279) A  
ID: epc2b 48-24  
Page Ref: 1813

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ID: epc2b 49-10  
Page Ref: 1895

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ID: epc2b 1-21  
Page Ref: 14

282) B  
ID: epc2b 2-10  
Page Ref: 68

283) C  
ID: epc2b 3-159  
Page Ref: 169

284) B  
ID: epc2b 4-12  
Page Ref: 274

285) B  
ID: epc2b 5-19  
Page Ref: 294

286) B  
ID: epc2b 6-142  
Page Ref: 346

287) C  
ID: epc2b 7-1  
Page Ref: 376

288) A  
ID: epc2b 8-10  
Page Ref: 462

289) D  
ID: epc2b 9-1  
Page Ref: 533

290) A  
ID: epc2b 10-9  
Page Ref: 551

291) B  
ID: epc2b 11-10  
Page Ref: 590

292) B  
ID: epc2b 12-2  
Page Ref: 655

293) B  
ID: epc2b 13-7  
Page Ref: 711

294) C  
ID: epc2b 14-24  
Page Ref: 725

295) A  
ID: epc2b 15-18  
Page Ref: 738

296) B  
ID: epc2b 16-17  
Page Ref: 765

297) B  
ID: epc2b 17-7  
Page Ref: 771

298) A  
ID: epc2b 18-30  
Page Ref: 809

299) C  
ID: epc2b 19-22  
Page Ref: 837

300) D  
ID: epc2b 20-8  
Page Ref: 868

301) D  
ID: epc2b 21-17  
Page Ref: 900

302) B  
ID: epc2b 22-4  
Page Ref: 938

303) C  
ID: epc2b 23-8  
Page Ref: 972

304) D  
ID: epc2b 24-7  
Page Ref: 1003

305) B  
ID: epc2b 25-6  
Page Ref: 1039

306) D  
ID: epc2b 26-8  
Page Ref: 1063

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ID: epc2b 27-35  
Page Ref: 1110

308) A  
ID: epc2b 28-97  
Page Ref: 1227

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ID: epc2b 29-22  
Page Ref: 1265

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ID: epc2b 30-31  
Page Ref: 1285

311) A  
ID: epc2b 31-29  
Page Ref: 1301

312) D  
ID: epc2b 32-19  
Page Ref: 1313

313) B  
ID: epc2b 33-12  
Page Ref: 1339

314) D  
ID: epc2b 34-53  
Page Ref: 1363

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ID: epc2b 35-7  
Page Ref: 1402

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ID: epc2b 36-24  
Page Ref: 1434

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Page Ref: 1466

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ID: epc2b 38-14  
Page Ref: 1490

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ID: epc2b 39-20  
Page Ref: 1513

320) D  
ID: epc2b 40-31  
Page Ref: 1542
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