Import Settings:

Base Settings: Brownstone Default

Information Field: Complexity

Information Field: Ahead

Information Field: Subject

Information Field: Feedback

Information Field: Taxonomy

Information Field: Objective

Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Patient Assessment - Patient Assessment - TBNK**

**Multiple Choice**

1. Your entire assessment of a patient should:

A) appear to be a seamless process.

B) yield a definitive field diagnosis.

C) only focus on his or her complaint.

D) not deviate at all from a strict format.

Ans: A

Complexity: Easy

Ahead: Introduction

Subject: Patient Assessment

Page: 500

Feedback: Introduction, page 500

2. Gathering a patient's medical history and performing a secondary assessment should occur:

A) immediately after you form your visual general impression of the patient.

B) shortly after making patient contact and determining his or her complaint.

C) after initial treatment has been rendered and you are en route to the hospital.

D) after life threats have been identified and corrected in the primary assessment.

Ans: D

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

3. A key part of making your practice of prehospital care successful is for you to:

A) let the patient guide the questions that you ask in order to build a cohesive rapport on which you can build.

B) develop and cultivate your own style of assessment and an overall strategy for evaluating and providing care.

C) approach every patient in the same fashion with the realization that patient assessment in the field is a static process.

D) strictly adhere to your department's standard operating procedures so that they become a rote series of actions.

Ans: B

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

4. In prehospital care, the priorities of evaluation and treatment are based on:

A) the degree of threat to the patient's life.

B) your overall experience as a paramedic.

C) the receiving physician's online orders.

D) standard treatment guidelines and algorithms.

Ans: A

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

5. Which of the following is NOT a part of your overall job as a paramedic?

A) Efficiently executing a patient care plan

B) Quickly identifying your patient's problem

C) Definitively diagnosing the patient's problem

D) Establishing your priorities of patient care

Ans: C

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

6. When determining whether a patient is sick, your MOST effective tool is often:

A) a quick visual assessment.

B) the patient's chief complaint.

C) past medical history findings.

D) the patient's baseline vital signs.

Ans: A

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

7. You are in the BEST position to decide what, if any, care needs to be provided at the scene versus en route to the hospital once you:

A) can qualify that a patient is indeed sick.

B) determine how far away the hospital is.

C) perform a detailed secondary assessment.

D) are able to quantify how sick a patient is.

Ans: D

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

8. You will MOST likely develop your field impression of a patient based on the:

A) medications the patient is taking.

B) chief complaint and patient history.

C) results of your secondary assessment.

D) patient's perception of his or her problem.

Ans: B

Complexity: Easy

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

9. When assessing any patient, the paramedic should remember that:

A) the past medical history is of even greater importance if the patient has a traumatic injury.

B) it is extremely common for patients with a medical complaint to have an underlying injury.

C) some patients with a traumatic injury could also have an underlying medical component.

D) the patient's underlying medical problem can usually be identified by a rapid assessment.

Ans: C

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 503

Feedback: Introduction, page 503

10. Which of the following statements regarding the patient assessment process is correct?

A) The assessment process must be organized and systematic, yet flexible enough to allow you to maximize the amount of information you can gather.

B) It is critical that you think of patient assessment as a static sequence of events that are carried out on every patient that you encounter.

C) Expanding your questioning of a patient in order to elicit more information often confuses the patient and should be avoided if possible.

D) As the patient interview unfolds, you must remain focused on the patient's chief complaint, as it is likely his or her most serious problem.

Ans: A

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Pages: 502–503

Feedback: Introduction, pages 502–503

11. On most runs, the two MOST important pieces of patient history information that you need to obtain initially are the:

A) patient's name and chief complaint.

B) chief complaint and patient's address.

C) patient's name and family physician.

D) chief complaint and the patient's sex.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 519

Feedback: History Taking, page 519

12. After determining that the scene is safe, the FIRST step in approaching a patient is to:

A) determine the chief complaint.

B) ask the patient his or her name.

C) ascertain the age of the patient.

D) introduce yourself to the patient.

Ans: D

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 519

Feedback: History Taking, page 519

13. When a patient presents with two seemingly unrelated complaints, it is MOST important for the paramedic to determine:

A) if the two complaints are related.

B) when each of the complaints began.

C) which complaint has a higher priority.

D) the patient's past medical history.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 530

Feedback: History Taking, page 530

14. The history of present illness is defined as:

A) the reason why the patient called EMS in the first place.

B) a chronologic account of the patient's signs and symptoms.

C) your perception of the severity of the patient's condition.

D) a past medical problem that is causing the chief complaint.

Ans: B

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 531

Feedback: History Taking, page 531

15. Which of the following questions would be of LEAST pertinence when trying to determine a patient's current health status?

A) “Are your mother and father still living?”

B) “Are your immunizations up to date?”

C) “Are you currently taking any prescription medicines?”

D) “Do you have a history of any specific diseases in your family?”

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 532

Feedback: History Taking, page 532

16. More often than not, the paramedic will form his or her general impression of a patient based on:

A) baseline vital signs and SAMPLE history.

B) a rapid, systematic head-to-toe assessment.

C) conditions found in the primary assessment.

D) the initial presentation and chief complaint.

Ans: D

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 509

Feedback: Primary Survey, page 509

17. Your patient will MOST likely develop a good first impression of you if you:

A) look and act professional and confident.

B) tell him or her that everything will be okay.

C) address him or her as “dear” or “honey.”

D) quickly determine his or her chief complaint.

Ans: A

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 519

Feedback: History Taking, page 519

18. Working to ensure a patient's privacy, confidentiality, and comfort level will:

A) make the patient feel comfortable in disclosing personal information to you.

B) leave no doubt in the patient's mind that you are truly a professional caregiver.

C) establish positive patient rapport and encourage honest, open communication.

D) help you gain the trust of the patient's family more than the trust of the patient.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 524

Feedback: History Taking, page 524

19. The paramedic should address a patient:

A) by using the patient's formal name.

B) as the patient wishes to be addressed.

C) by the patient's first name whenever possible.

D) in a manner that the paramedic deems most professional.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Pages: 519–520

Feedback: History Taking, pages 519–520

20. Using casual nicknames can be especially problematic when:

A) the patient is a male who was involved in an assault.

B) assessing geriatric patients who fear losing their independence.

C) the patient is critically ill or injured and is semiconscious.

D) cultural differences exist between the patient and the paramedic.

Ans: D

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 520

Feedback: History Taking, page 520

21. EMS providers who read off a list of questions to the patient to fill in all the blanks on the run report:

A) usually provide the most competent patient care.

B) tend to make little or no eye contact with the patient.

C) are in the best position to establish good patient rapport.

D) are reassuring the patient that he or she is not being ignored.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 519

Feedback: History Taking, page 519

22. When transferring a geriatric patient from a hospital to an extended care facility, it is MOST important to:

A) review the patient's transfer paperwork.

B) document at least two full sets of vital signs.

C) call a radio report to the extended care facility.

D) presume that the patient will not wish to speak.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Pages: 524–525

Feedback: History Taking, pages 524–525

23. Paying attention, making eye contact, and repeating key information from the patient's answers are examples of:

A) reflection.

B) clarification.

C) facilitation.

D) interpretation.

Ans: C

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 522

Feedback: History Taking, page 522

24. Making your patient aware that you perceive something inconsistent with his or her behavior is called:

A) clarification.

B) confrontation.

C) facilitation.

D) interpretation.

Ans: B

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 522

Feedback: History Taking, page 522

25. Pausing to consider something significant that you have just been told is called:

A) reflection.

B) interpretation.

C) facilitation.

D) clarification.

Ans: A

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 522

Feedback: History Taking, page 522

26. A working hypothesis of the nature of a patient's problem is called the:

A) chief complaint.

B) field impression.

C) history of present illness.

D) differential diagnosis.

Ans: D

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 538

Feedback: History Taking, page 538

27. An empathetic attitude:

A) is often offensive to the patient.

B) puts you in your patient's shoes.

C) will put your patient at ease quickly.

D) allows you to feel sorry for the patient.

Ans: B

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 520

Feedback: History Taking, page 520

28. When asking a patient if he or she uses illegal drugs, you will MOST likely get accurate information if you:

A) remain professional and nonjudgmental.

B) reassure the patient that you can be trusted and will not tell anyone.

C) question the patient in the presence of a trusted family member.

D) tell the patient that withholding such information from you is illegal.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 523

Feedback: History Taking, page 523

29. Which of the following questions will yield the LEAST reliable information when assessing a patient with abdominal pain?

A) “In your opinion, how severe is the pain?”

B) “Are you experiencing any other symptoms?”

C) “Does the pain radiate to your chest or back?”

D) “Have you ever experienced pain like this before?”

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 521

Feedback: History Taking, page 521

30. Before asking a patient about any mental health issues, the paramedic should:

A) speak privately with a family member or trusted friend.

B) move the patient to the ambulance, where it is more private.

C) ask questions relating to his or her physical health.

D) perform a comprehensive head-to-toe assessment.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 520

Feedback: History Taking, page 520

31. Which of the following is an example of a leading question?

A) “On a scale of 1 to 10, what number would you assign your pain?”

B) “Do you think that you are experiencing a cardiac emergency?”

C) “Has anything like this ever happened to you before today?”

D) “Does the pain stay in your chest or does it move anywhere else?”

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 521

Feedback: History Taking, page 521

32. It is appropriate to ask, “Would you say the pain is similar to or worse than with previous episodes?” when determining the \_\_\_\_\_\_\_\_\_ of a patient's pain.

A) severity

B) quality

C) region

D) progression

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 531

Feedback: History Taking, page 531

33. The mnemonic “OPQRST” is a tool that:

A) is only effective when assessing a patient who is experiencing severe pain.

B) allows the paramedic to reach a field diagnosis quickly and initiate treatment.

C) is used commonly to rule out conditions that are immediately life threatening.

D) offers an easy-to-remember approach to analyzing a patient's chief complaint.

Ans: D

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 531

Feedback: History Taking, page 531

34. It would MOST likely be necessary to ask a patient a direct question if:

A) he or she is elderly and has more than one medical complaint.

B) he or she is not giving you usable facts about himself or herself.

C) he or she is having chest pain and a heart attack must be ruled out.

D) there are numerous family members and friends present at the scene.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 518

Feedback: History Taking, page 518

35. Your patient says, “I can't catch my breath.” In response, you state, “That's very helpful. Let me think about that for a moment.” This dialogue is an example of:

A) reflection.

B) clarification.

C) facilitation.

D) interpretation.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 522

Feedback: History Taking, page 522

36. When assessing a patient who is under the influence of alcohol, it is MOST important to remember that:

A) the amount of alcohol consumed is often overstated.

B) the patient often gives a reliable and accurate history.

C) alcohol can mask any number of signs and symptoms.

D) suspicions of alcohol intoxication must be documented.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 522

Feedback: History Taking, page 522

37. If you suspect that a patient has been abused, it is MOST important that you:

A) request law enforcement personnel if necessary.

B) discreetly ask the patient if he or she was abused.

C) contact medical control to make him or her aware.

D) ask a family member about the possibility of abuse.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 523

Feedback: History Taking, page 523

38. Which of the following findings is LEAST indicative of abuse or domestic violence?

A) Multiple injuries that are in various stages of healing

B) A patient who refuses to allow a family member to speak for him or her

C) Injuries that are inconsistent with the history that you are given

D) A husband who towers over his wife and answers your questions for her

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 523

Feedback: History Taking, page 523

39. When asking questions pertaining to a patient's sexual history, it is important to remember that:

A) you should inquire about the patient's HIV status.

B) obtaining the history in a private setting is essential.

C) a physical examination should be performed as well.

D) the patient's sexual preference is especially relevant.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 523

Feedback: History Taking, page 523

40. If a patient does not respond to a question within a couple of seconds, he or she:

A) must be assumed to have an altered mental status until proven otherwise.

B) should immediately be asked another question to facilitate gathering data.

C) should have the question repeated back to him or her using different terms.

D) may be deciding if he or she can trust you enough to answer the question.

Ans: D

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 521

Feedback: History Taking, page 521

41. A patient who is overly talkative during your assessment:

A) should be interrupted immediately.

B) will not give a reliable medical history.

C) may have abused methamphetamines.

D) is usually an inherently antisocial person.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 526

Feedback: History Taking, page 526

42. When dealing with a patient who has multiple symptoms, the MOST effective way to develop an appropriate care plan is to:

A) prioritize the patient's complaints.

B) perform a complete head-to-toe exam.

C) address all complaints simultaneously.

D) assume that all complaints are linked.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 530

Feedback: History Taking, page 530

43. The MOST negative immediate consequence of providing inappropriate reassurance to your patient in the prehospital setting is:

A) a lawsuit lodged against you by the patient or his or her family.

B) the patient's choice not to share as much information with you.

C) causing the patient's family members severe emotional distress.

D) emotional distress when the physician tells the patient otherwise.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 520

Feedback: History Taking, page 520

44. If a patient's family member is hostile and begins shouting at you, you should:

A) remain professional and ignore the family member so that you can provide appropriate patient care.

B) tell the person that if he or she continues to shout, you will not feel safe and will need to call law enforcement.

C) have your partner physically remove the family member from the patient care area and continue your assessment.

D) firmly tell the patient that his or her behavior is unacceptable and childish, and that he or she is worsening the situation.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 527

Feedback: History Taking, page 527

45. If a hostile family member suddenly leaves the room, especially in the middle of a conversation with him or her, you should:

A) retreat to a place of safety and notify law enforcement personnel.

B) ignore the family member's departure and continue to assess your patient.

C) have your partner follow the person, while working to defuse the situation.

D) ask the patient to follow the person in an attempt to reason with him or her.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 527

Feedback: History Taking, page 527

46. Which of the following statements regarding an intoxicated patient is correct?

A) While the patient is trying to explain things to you, his or her anger can escalate faster than if he or she were not intoxicated.

B) Although the intoxicated patient is a poor historian, his or her family members usually provide the information that you need.

C) You should promptly transport the intoxicated patient, because attempting to obtain a medical history will be unsuccessful.

D) The risk of an intoxicated patient's behavior turning violent is low because his or her cognitive skills are impaired significantly.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 522

Feedback: History Taking, page 522

47. The MOST effective way to obtain a medical history from a patient who is crying is to:

A) place your hand on his or her shoulder (if appropriate for the patient) and reassure him or her that you are in control of the situation.

B) tactfully advise the patient that you cannot effectively help him or her if he or she continues to cry.

C) have one family member calm the patient as you gather the medical history from another family member.

D) administer a sedative medication, which will calm the patient and facilitate your gathering of the medical history.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 521

Feedback: History Taking, page 521

48. Situational depression is:

A) often characterized by violent bouts of rage.

B) ongoing and does not appear to have a cause.

C) a condition that usually requires inpatient care.

D) a reaction to a stressful event in a patient's life.

Ans: D

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 527

Feedback: History Taking, page 527

49. If your patient becomes seductive or makes sexual advances toward you, you should advise the patient that your relationship with him or her is strictly professional and then:

A) continue providing care as usual.

B) ensure that a witness is present at all times.

C) ask your partner to assume care of the patient.

D) threaten the patient with a sexual harassment lawsuit.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 524

Feedback: History Taking, page 524

50. A patient who gives the emergency department physician completely different information than he or she gave to you in the field:

A) clearly trusts the physician more than you.

B) will cause the physician to question your competence.

C) may have an organic condition, such as a brain tumor.

D) should be questioned as to why the information was different.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Pages: 527–528

Feedback: History Taking, pages 527–528

51. When caring for a patient who is mentally challenged:

A) it is highly unlikely that you will obtain a reliable medical history.

B) you may have to obtain the medical history from a family member.

C) your priority should be to transport the patient to a psychiatric facility.

D) you should speak to the patient as though he or she is younger in age.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 528

Feedback: History Taking, page 528

52. When your patient is a non-English-speaking person, his or her child is often able to function as an interpreter because:

A) you can usually teach a child English quickly.

B) children quickly absorb a new language in school.

C) the child is usually not as scared as his or her parent is.

D) most children of non-English-speaking parents speak English.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 526

Feedback: History Taking, page 526

53. Which of the following is NOT an effective way of obtaining a medical history from a patient who is totally deaf?

A) Speaking slowly and slightly more loudly to the patient

B) Using paper and pencil to write down your questions

C) Addressing the patient face to face if he or she can read lips

D) Using an interpreter who knows American Sign Language

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 528

Feedback: History Taking, page 528

54. Objective patient information:

A) is observed by the patient.

B) is perceived by the patient.

C) cannot be quantified.

D) is based on fact or observation.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 539

Feedback: Secondary Assessment, page 539

55. \_\_\_\_\_\_\_\_\_\_ entails gently striking the surface of the body, typically where it overlies various body cavities.

A) Palpation

B) Percussion

C) Inspection

D) Auscultation

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 542

Feedback: Secondary Assessment, page 542

56. Other than overall patient appearance, the patient's \_\_\_\_\_\_\_\_\_\_ is/are the MOST objective data for determining his or her status.

A) vital signs

B) medications

C) chief complaint

D) medical history

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 542

Feedback: Secondary Assessment, page 542

57. The residual pressure in the circulatory system while the left ventricle is relaxing is called the:

A) pulse pressure.

B) diastolic pressure.

C) systolic pressure.

D) mean arterial pressure.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 545

Feedback: Secondary Assessment, page 545

58. Blood pressure is the product of:

A) stroke volume and heart rate.

B) left ventricular ejection fraction and afterload.

C) cardiac output and peripheral vascular resistance.

D) right atrial preload and ventricular stroke volume.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 545

Feedback: Secondary Assessment, page 545

59. To obtain a heart rate in infants younger than 1 year of age, you should:

A) apply a cardiac monitor.

B) palpate the brachial artery.

C) auscultate directly over the heart.

D) count the pulse for a full minute.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 545

Feedback: Secondary Assessment, page 545

60. A conscious patient's respiratory rate should be measured:

A) by auscultating the lungs.

B) by looking at the abdomen.

C) with his or her prior knowledge.

D) for a minimum of 30 seconds.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 545

Feedback: Secondary Assessment, page 545

61. When using a tympanic device to obtain a patient's body temperature, you should:

A) be aware of extrinsic factors that can skew the reading.

B) hold the device in the patient's ear for 30 to 60 seconds.

C) irrigate any wax from the ear with lukewarm water first.

D) ensure that the patient is in a laterally recumbent position.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 546

Feedback: Secondary Assessment, page 546

62. Which of the following factors would likely NOT skew a pulse oximetry reading?

A) Hypertension

B) Cold temperature

C) Carbon monoxide

D) Sickle cell disease

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 546

Feedback: Secondary Assessment, page 546

63. What does pulse oximetry measure?

A) The percentage of hemoglobin saturation

B) The percentage of red blood cells in the blood

C) The percentage of ratio of red blood cells to plasma

D) The percentage of oxygen that reaches the cells

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 546

Feedback: Secondary Assessment, page 546

64. Which of the following statements regarding your general survey of the patient is correct?

A) Little information can be gained from the patient without a hands-on assessment.

B) It is not uncommon for patients in severe pain to present with a quiet and still affect.

C) The environment in which the patient is found is more significant than his or her appearance.

D) The general patient survey begins as you perform the initial assessment of the patient.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 547

Feedback: Secondary Assessment, page 547

65. The skin becomes \_\_\_\_\_\_\_\_\_ when red blood cell perfusion to the capillary beds of the skin is poor.

A) pale

B) flushed

C) cyanotic

D) mottled

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 554

Feedback: Secondary Assessment, page 554

66. A patient who does not respond to verbal or tactile stimuli is:

A) lethargic.

B) semiconscious.

C) disoriented.

D) unresponsive.

Ans: D

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 511

Feedback: Primary Survey, page 511

67. Flushed skin is commonly seen as a result of all the following, EXCEPT:

A) fever.

B) heat exposure.

C) superficial burns.

D) vasoconstriction.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 554

Feedback: Secondary Assessment, page 554

68. Poor skin turgor in an infant or child is MOST indicative of:

A) shock.

B) hypoxemia.

C) dehydration.

D) elastin deficiency.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 554

Feedback: Secondary Assessment, page 554

69. Changes in hair growth or loss of hair are LEAST suggestive of:

A) diabetes.

B) an infection.

C) the aging process.

D) radiation therapy.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 555

Feedback: Secondary Assessment, page 555

70. Which of the following are the MOST relevant initial questions to ask a patient who has a cerebral shunt?

A) Where was the shunt placed and where does it drain?

B) How long have you had the shunt and who placed it?

C) Has the shunt ever had to be replaced, and if so, why?

D) When was the shunt placed and do you have symptoms?

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 555

Feedback: Secondary Assessment, page 555

71. Examination of the head is MOST important when assessing a patient who:

A) has an altered mental status.

B) complains of nausea.

C) has shortness of breath.

D) presents with hemiparesis.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 555

Feedback: Secondary Assessment, page 555

72. Asymmetry of the face could indicate:

A) oculomotor nerve injury.

B) severe hyperglycemia.

C) a spinal cord injury.

D) facial nerve palsy.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 556

Feedback: Secondary Assessment, page 556

73. A patient who complains of double vision has:

A) ptosis.

B) anisocoria.

C) diplopia.

D) hyperopia.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 558

Feedback: Secondary Assessment, page 558

74. When assessing visual acuity in the prehospital setting, you should:

A) use a Snellen chart.

B) examine each eye in isolation.

C) check both eyes simultaneously.

D) remove any corrective lenses the patient is wearing.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 558

Feedback: Secondary Assessment, page 558

75. The diameter of a patient's pupils and their reactivity to light provide information about the:

A) amount of vitreous humor.

B) status of cerebral perfusion.

C) intactness of the first cranial nerve.

D) level of carbon dioxide in the brain.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 557

Feedback: Secondary Assessment, page 557

76. Asymmetry of the pupils:

A) is a normal finding in up to 40% of the population.

B) indicates a significant ocular or neurologic pathology.

C) is normal when a light is shone into one of the pupils.

D) must be correlated with the patient's overall presentation.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 557

Feedback: Secondary Assessment, page 557

77. When assessing a patient's conjunctivae, you note they are injected. This means that the conjunctivae are:

A) red.

B) pale.

C) yellow.

D) cyanotic.

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 558

Feedback: Secondary Assessment, page 558

78. An opaque black area against the red reflex of the eye is indicative of:

A) retinitis.

B) conjunctivitis.

C) cataracts.

D) macular degeneration.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 557

Feedback: Secondary Assessment, page 557

79. Frank blood or clear, watery fluid draining from the ear canal following head trauma is MOST suggestive of a(n):

A) basilar skull fracture.

B) orbital blowout fracture.

C) fracture of the cribriform plate.

D) ruptured tympanic membrane.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 559

Feedback: Secondary Assessment, page 559

80. Swollen lymph nodes in the anterior neck usually indicate:

A) malignancy.

B) an infection.

C) viral replication.

D) an allergic state.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 560–561

Feedback: Secondary Assessment, pages 560–561

81. All of the following are adventitious breath sounds, EXCEPT:

A) rales.

B) rhonchi.

C) wheezes.

D) vesicular sounds.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 562, 564

Feedback: Secondary Assessment, pages 562, 564

82. Percussion of the chest produces \_\_\_\_\_\_\_\_\_\_\_\_ if the pleural space is full of blood.

A) a hollow sound

B) a dull sound

C) a high-pitched note

D) hyperresonance

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 565

Feedback: Secondary Assessment, page 565

83. You would NOT expect to encounter decreased breath sounds in a patient with:

A) opiate intoxication.

B) cardiac tamponade.

C) status asthmaticus.

D) pulmonary edema.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 564–566

Feedback: Secondary Assessment, pages 564–566

84. S1, the first heart sound, represents:

A) closure of the mitral and tricuspid valves.

B) the sound heard at the end of diastole.

C) closure of the aortic and pulmonic valves.

D) the sound heard at the end of systole.

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 567

Feedback: Secondary Assessment, page 567

85. The fourth heart sound (S4):

A) is normal in 40% of the population.

B) occurs immediately before the S2 sound.

C) indicates increased pressure in the atria.

D) represents increased left ventricular stretching.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 567

Feedback: Secondary Assessment, page 567

86. When auscultating heart sounds, you should place your stethoscope at the:

A) fifth intercostal space, over the apex of the heart.

B) second intercostal space, over the base of the heart.

C) third or fourth intercostal space, in the midaxillary line.

D) sternal border at the second or third intercostal space.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 567

Feedback: Secondary Assessment, page 567

87. A bruit indicates \_\_\_\_\_\_\_\_\_ blood flow and is MOST significant in the \_\_\_\_\_\_\_\_\_ arteries.

A) turbulent, femoral

B) laminar, carotid

C) laminar, brachial

D) turbulent, carotid

Ans: D

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 568

Feedback: Secondary Assessment, page 568

88. To appreciate the S2 sound:

A) the patient should be sitting upright and leaning slightly backward.

B) ask the patient to breathe normally and hold his or her breath on expiration.

C) the patient should be supine with his or her body tilted to the right.

D) ask the patient to breathe normally and hold his or her breath on inhalation.

Ans: D

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 567

Feedback: Secondary Assessment, page 567

89. Arterial pulses are a physical expression of:

A) pressure in the vena cavae.

B) left ventricular contraction.

C) the diastolic blood pressure.

D) right ventricular contraction.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 568

Feedback: Secondary Assessment, page 568

90. Distention of the jugular veins indicates:

A) a state of hypovolemia.

B) left-sided heart failure.

C) decreased venous pressure.

D) increased venous capacitance.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 568

Feedback: Secondary Assessment, page 568

91. When examining the anterior abdomen of a patient who complains of abdominal pain:

A) auscultate bowel sounds for at least 5 minutes.

B) you should first percuss over the four quadrants.

C) routinely palpate the least painful area(s) first.

D) it is often necessary to administer analgesia first.

Ans: C

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 570

Feedback: Secondary Assessment, page 570

92. A patient who is absolutely still and resists any movement should be suspected of having:

A) peritonitis.

B) kidney stones.

C) a bowel obstruction.

D) intra-abdominal bleeding.

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 572

Feedback: Secondary Assessment, page 572

93. Which of the following statements regarding ascites is correct?

A) Ascites is a collection of fluid within the peritoneal cavity.

B) Percussion of the abdomen will often yield hyperresonance.

C) The most common cause of ascites is an acute splenic injury.

D) The abdomen of a patient with ascites has a sunken appearance.

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 570

Feedback: Secondary Assessment, page 570

94. Which assessment technique usually yields the MOST significant diagnostic information during the abdominal exam?

A) Percussion

B) Auscultation

C) Inspection

D) Palpation

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 571

Feedback: Secondary Assessment, page 571

95. Abdominal guarding is MOST commonly encountered in patients with:

A) acute renal failure.

B) peritoneal irritation.

C) intra-abdominal bleeding.

D) chronic liver inflammation.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 572

Feedback: Secondary Assessment, page 572

96. Visceral abdominal pain is:

A) highly suggestive of a ruptured hollow abdominal organ.

B) characterized by a localized area of abdominal tenderness or pain.

C) commonly encountered in patients with cholecystitis or pancreatitis.

D) often less localized on palpation and is poorly described by the patient.

Ans: D

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 570, 572

Feedback: Secondary Assessment, pages 570, 572

97. Assessment of the female genitalia:

A) is not performed by the paramedic.

B) is only necessary in pregnant patients.

C) should be limited to inspection only.

D) is a routine part of the physical exam.

Ans: C

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 573

Feedback: Secondary Assessment, page 573

98. A pathologic fracture occurs when:

A) normal forces are applied to abnormal bone structures.

B) abnormal forces are applied to abnormal bone structures.

C) normal forces are applied to normal bone structures.

D) abnormal forces are applied to normal bone structures.

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 574

Feedback: Secondary Assessment, page 574

99. Clinical signs of an inflamed joint include all of the following, EXCEPT:

A) redness.

B) swelling.

C) deformity.

D) increased heat.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 574

Feedback: Secondary Assessment, page 574

100. Structural integrity of the pelvis should be assessed by:

A) carefully rocking the pelvis back and forth.

B) gently pushing in and down on the iliac crests.

C) applying firm upward pressure to the pelvic wings.

D) placing the patient on his or her side to elicit pain.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 576

Feedback: Secondary Assessment, page 576

101. The diagnosis of a problem involving the shoulder can often be made by simply:

A) assessing range of motion.

B) noting the patient's posture.

C) palpating for gross deformities.

D) asking the patient to bend the elbow.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 576

Feedback: Secondary Assessment, page 576

102. Lower extremity shortening and/or internal or external rotation are findings often associated with:

A) pelvic fractures.

B) mid-shaft femur fractures.

C) pathologic fractures of the hip.

D) proximal lower extremity injury.

Ans: D

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 577

Feedback: Secondary Assessment, page 577

103. Intermittent claudication is defined as:

A) transient swelling of the microvasculature of the extremities.

B) bulging of the vessels in the legs while in a standing position.

C) enlarged lower extremities due to reduced lymphatic drainage.

D) cramplike pain in the lower extremities due to poor circulation.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 578–579

Feedback: Secondary Assessment, pages 578–579

104. In general, +3 pitting edema is characterized by indentation of the skin to a depth of:

A) 0 in to ¼ in.

B) ¼ in to ½ in.

C) ½ in to 1 in.

D) greater than 1 in.

Ans: C

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 580

Feedback: Secondary Assessment, page 580

105. The MOST clinically significant indicator(s) of ischemia in a limb is/are:

A) pulselessness.

B) poikilothermia.

C) parasthesias.

D) pain and pallor.

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 580

Feedback: Secondary Assessment, page 580

106. You would MOST likely encounter bilateral dependent edema in a patient with:

A) heart failure.

B) arterial occlusion.

C) diabetes mellitus.

D) deep vein occlusion.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 580

Feedback: Secondary Assessment, page 580

107. An inward curve of the lumbar spine just above the buttocks is called:

A) scoliosis.

B) lordosis.

C) kyphosis.

D) sclerosis.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 580

Feedback: Secondary Assessment, page 580

108. At its worst, kyphosis can become a source of:

A) extremity paralysis.

B) complete immobility.

C) pathologic fractures.

D) restrictive lung disease.

Ans: D

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 580

Feedback: Secondary Assessment, page 580

109. The Babinski sign, grasping, and sucking are:

A) voluntary motor responses.

B) abnormal findings in infants.

C) examples of primitive reflexes.

D) signs of nervous system dysfunction.

Ans: C

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 583

Feedback: Secondary Assessment, page 583

110. If a patient is able to sense smell, his or her \_\_\_\_\_\_\_\_\_\_ nerve is intact.

A) abducens

B) olfactory

C) trigeminal

D) trochlear

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 584

Feedback: Secondary Assessment, page 584

111. You patient is able to follow your finger as you move it in an “H” shape. This indicates functioning of which nerve?

A) Optic

B) Trochlear

C) Oculomotor

D) Hypoglossal

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 584

Feedback: Secondary Assessment, page 584

112. Clenching of the jaw muscles, as with chewing, is a function of which nerve?

A) Abducens

B) Trigeminal

C) Hypoglossal

D) Trochlear

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 584

Feedback: Secondary Assessment, page 584

113. If a patient is able to shrug his or her shoulders and turn his or her head from left to right, the \_\_\_\_\_\_\_\_\_\_\_\_ nerve is likely intact.

A) trigeminal

B) abducens

C) vestibulocochlear

D) spinal accessory

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 584

Feedback: Secondary Assessment, page 584

114. If a patient's trigeminal nerve is intact, he or she should be able to:

A) frown.

B) maintain balance.

C) clench his or her jaw.

D) swallow without difficulty.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 584

Feedback: Secondary Assessment, page 584

115. When assessing muscle strength, a score of 5/5 indicates:

A) no muscle contraction or twitch.

B) minimal movement against resistance.

C) normal muscle tone and strength.

D) active movement with evident fatigue.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 585

Feedback: Secondary Assessment, page 585

116. When scoring a patient's deep tendon reflexes, normally active reflexes would be assigned a score of:

A) 1+.

B) 2+.

C) 3+.

D) 4+.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 586

Feedback: Secondary Assessment, page 586

117. The brachioradialis tendon is located:

A) proximal to the wrist.

B) in the antecubital fossa.

C) on the distal humerus.

D) directly over the elbow.

Ans: A

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 587

Feedback: Secondary Assessment, page 587

118. In contrast to dementia, delirium is:

A) an acute change in mental status.

B) characteristic of Alzheimer disease.

C) more common in the elderly population.

D) a gradual deterioration in cognitive function.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 586–587

Feedback: Secondary Assessment, pages 586–587

119. Which of the following is an ethical component of patient assessment?

A) Obtain consent.

B) Document facts.

C) Respect patient autonomy.

D) Contact medical control.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 589

Feedback: Secondary Assessment, page 589

120. Proper documentation of your physical examination of a patient is MOST important because it:

A) becomes a permanent part of the patient's medical record and may be subjected to legal issues.

B) reflects your subjective findings and forms the basis for your working field diagnosis of the patient.

C) facilitates the paramedic's definitive diagnosis of the patient, leading to the most appropriate care.

D) ensures an accurate historical accounting of the patient's problems prior to entering the hospital.

Ans: D

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 588–589

Feedback: Secondary Assessment, pages 588–589

121. Documentation of your physical examination should be:

A) subjective in all regards.

B) factual and nonjudgmental.

C) representative of your perceptions.

D) reviewed by the EMS administrator.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 588–589

Feedback: Secondary Assessment, pages 588–589

122. Which of the following hazards would you LEAST likely encounter at the scene of a motor vehicle crash?

A) Unruly patient

B) Moving traffic

C) Broken glass

D) Hazardous materials

Ans: A

Complexity: Moderate

Ahead: Scene Size-up

Subject: Patient Assessment

Pages: 504–506

Feedback: Scene Size-up, pages 504–506

123. Which of the following actions will provide the BEST personal protection when caring for a patient on uneven terrain?

A) Wearing a back brace whenever you lift

B) Wearing boots that provide good traction

C) Using at least four personnel when moving a patient

D) Making lifts and moves as controlled as possible

Ans: D

Complexity: Moderate

Ahead: Scene Size-up

Subject: Patient Assessment

Page: 506

Feedback: Scene Size-up, page 506

124. The general type of illness a patient is experiencing is called the:

A) chief complaint.

B) nature of illness.

C) general impression.

D) differential diagnosis.

Ans: B

Complexity: Easy

Ahead: Scene Size-up

Subject: Patient Assessment

Page: 507

Feedback: Scene Size-up, page 507

125. Which of the following actions would you likely NOT perform at the scene of a fall before engaging in the care of a conscious patient?

A) Gathering dispatch information

B) Speaking with immediate family

C) Assessing the scene for safety

D) Noting the mechanism of injury

Ans: B

Complexity: Moderate

Ahead: Scene Size-up

Subject: Patient Assessment

Pages: 504–507

Feedback: Scene Size-up, pages 504–507

126. Whether your patient's problem is medical or traumatic in origin, you must:

A) always begin transport within 10 minutes.

B) contact medical control as soon as possible.

C) qualify and quantify the patient's condition.

D) perform a head-to-toe secondary assessment.

Ans: C

Complexity: Moderate

Ahead: Introduction

Subject: Patient Assessment

Page: 502

Feedback: Introduction, page 502

127. It is MOST important to identify the age and sex of your patient because:

A) age and sex can change how your patient presents.

B) the differential diagnosis is modified for older patients.

C) this is required information for the patient care report.

D) the patient should be assessed by a medic of the same sex.

Ans: A

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 510

Feedback: Primary Survey, page 510

128. After performing your primary assessment of a patient, your next action should be to:

A) transport the patient to the closest medical treatment facility.

B) move the patient to the ambulance as expeditiously as possible.

C) perform a secondary assessment to narrow your differential diagnosis.

D) decide what care is needed at the scene versus en route to the hospital.

Ans: D

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Pages: 515–516

Feedback: Primary Survey, pages 515–516

129. When assessing an injured patient's mental status, the patient knows his name but is unable to recall the events that preceded the injury. From this, you can conclude that:

A) the patient's long-term memory is not intact.

B) the patient's Glasgow Coma Scale score is at least 13.

C) the patient's short-term memory is not intact.

D) the patient likely has an intracranial hemorrhage.

Ans: C

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 551

Feedback: Secondary Assessment, page 551

130. Cognitive function can be MOST accurately defined as:

A) one's state of awareness.

B) the ability to use reasoning.

C) functional use of the extremities.

D) general level of consciousness.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 551

Feedback: Secondary Assessment, page 551

131. What is the Glasgow Coma Scale score of a patient who opens her eyes when you call her name, is confused when she speaks, and points to her area of pain?

A) 10

B) 11

C) 12

D) 13

Ans: C

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 515

Feedback: Primary Survey, page 515

132. Sonorous respirations are MOST likely caused by:

A) an anatomic airway obstruction.

B) secretions or blood in the airway.

C) swelling of upper airway structures.

D) severe inflammation of the epiglottis.

Ans: A

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 511

Feedback: Primary Survey, page 511

133. A responsive patient who is talking or crying:

A) has a patent airway.

B) is breathing adequately.

C) needs supplemental oxygen.

D) has no impending airway problem.

Ans: A

Complexity: Easy

Ahead: Primary Survey

Subject: Patient Assessment

Page: 511

Feedback: Primary Survey, page 511

134. If a mechanical means is required to keep a patient’s airway open, you should initially:

A) intubate the trachea.

B) insert an airway adjunct.

C) suction the oropharynx.

D) ventilate with a bag-mask device.

Ans: B

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 511

Feedback: Primary Survey, page 511

135. Tidal volume is MOST effectively assessed by:

A) auscultating breath sounds.

B) noting the patient's respiratory rate.

C) looking for accessory muscle use.

D) observing for rise and fall of the chest.

Ans: D

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 512

Feedback: Primary Survey, page 512

136. A patient with a blood pressure of 210/100 mm Hg would be expected to have a pulse that is:

A) irregular.

B) bounding.

C) thready.

D) rapid.

Ans: B

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 512

Feedback: Primary Survey, page 512

137. When the blood vessels supplying the skin are fully dilated, the skin becomes:

A) cool and pale.

B) cold and moist.

C) warm and pink.

D) blue or mottled.

Ans: C

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 513

Feedback: Primary Survey, page 513

138. An unresponsive patient who has been breathing slowly and shallowly for an extended period of time would MOST likely have \_\_\_\_\_\_\_\_ skin.

A) cyanotic

B) flushed

C) mottled

D) pale

Ans: A

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 513

Feedback: Primary Survey, page 513

139. Stimulation of the sympathetic nervous system causes:

A) diaphoresis.

B) bradycardia.

C) vasodilation.

D) warm, moist skin.

Ans: A

Complexity: Easy

Ahead: Primary Survey

Subject: Patient Assessment

Page: 513

Feedback: Primary Survey, page 513

140. The body's reaction to increased internal or external temperature would MOST likely cause the skin to become:

A) warm and dry.

B) hot and dry.

C) pale and hot.

D) hot and moist.

Ans: D

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 513

Feedback: Primary Survey, page 513

141. A patient in shock due to internal bleeding will benefit MOST from:

A) oxygen and thermal management.

B) limited scene time and rapid transport.

C) a comprehensive physical examination.

D) two large-bore IV lines of normal saline.

Ans: B

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Pages: 515–516

Feedback: Primary Survey, pages 515–516

142. Which of the following clinical presentations warrants immediate transport?

A) Two days of vomiting; heart rate of 110 beats/min; warm, dry skin

B) 38 weeks gestation; crowning; history of hypertension; tachycardia

C) 250 mL external blood loss; systolic BP of 130 mm Hg; moderate pain

D) Chest discomfort; heart rate of 110 beats/min; systolic BP of 90 mm Hg

Ans: D

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 516

Feedback: Primary Survey, page 516

143. For a responsive patient with a medical problem, you will MOST likely form your working diagnosis based on information gathered during the:

A) primary assessment.

B) general impression.

C) history-taking process.

D) detailed physical exam.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 530

Feedback: History Taking, page 530

144. The history of present illness is MOST accurately described as:

A) an elaboration of the chief complaint.

B) a clinically significant physical finding.

C) the patient's most significant problem.

D) the reason why the patient called 9-1-1.

Ans: A

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 531

Feedback: History Taking, page 531

145. The focused assessment of a responsive medical patient is guided by:

A) the chief complaint.

B) SAMPLE history findings.

C) baseline vital sign readings.

D) the general impression.

Ans: A

Complexity: Easy

Ahead: History Taking

Subject: Patient Assessment

Page: 530

Feedback: History Taking, page 530

146. The presence of rhonchi during auscultation of the lungs is MOST suggestive of:

A) asthma.

B) pneumonia.

C) pneumothorax.

D) toxic inhalation.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 565

Feedback: Secondary Assessment, page 565

147. The presence of rales during auscultation of the chest indicates all of the following conditions, EXCEPT:

A) heart failure.

B) bronchospasm.

C) toxic inhalation.

D) pulmonary edema.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 564–565

Feedback: Secondary Assessment, pages 564–565

148. Diffuse pain caused by hollow organ obstruction and stretching of the smooth muscle wall is called \_\_\_\_\_\_\_\_\_\_ pain.

A) somatic

B) referred

C) radiating

D) visceral

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 570

Feedback: Secondary Assessment, page 570

149. What type of pain has its origin in a particular location but is described by the patient as pain in a different location?

A) Somatic pain

B) Visceral pain

C) Referred pain

D) Radiating pain

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 570

Feedback: Secondary Assessment, page 570

150. A patient is generally considered to have orthostatic vital signs when:

A) the systolic BP increases and the diastolic BP decreases when going from a lying to a sitting position.

B) the heart rate increases by 20 beats/min or more when going from a supine to a standing position.

C) the respiratory rate becomes fast and the depth becomes shallow when he or she suddenly stands up.

D) he or she experiences chest pain and a rapid, irregular heart rate when going from a seated to a standing position.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 570

Feedback: Secondary Assessment, page 570

151. The MOST reliable means of attempting to determine an unresponsive medical patient's problem is:

A) a thorough head-to-toe physical examination.

B) cardiac monitoring and blood glucose assessment.

C) pulse oximetry, capnography, and serial vital signs.

D) information provided by the patient's family members.

Ans: A

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 534

Feedback: History Taking, page 534

152. Serial vital signs:

A) are of no value unless they are repeated every 5 minutes.

B) provide definitive information about the patient's problem.

C) provide comparative data regarding the patient's condition.

D) establish a baseline to which further vital signs are compared.

Ans: C

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 542

Feedback: Secondary Assessment, page 542

153. Which of the following mechanisms of injury would be the LEAST likely to cause life-threatening injuries?

A) Ejection from an all-terrain vehicle

B) Motorcycle crash without a helmet

C) Penetrating injury to the chest or abdomen

D) Restrained occupant in a vehicle rollover

Ans: D

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Pages: 534–535

Feedback: History Taking, pages 534–535

154. Which of the following significant mechanisms of injury is unique to the infant and child?

A) Vehicle-pedestrian collision

B) Penetrating injury to the head

C) Ejection from a car's back seat

D) Fall from greater than 10 feet

Ans: D

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 535

Feedback: History Taking, page 535

155. A deformed steering wheel in conjunction with a deployed air bag indicates that the:

A) driver wore a lap belt only.

B) driver was not wearing a seat belt.

C) driver has intrathoracic hemorrhage.

D) driver's legs struck the steering wheel.

Ans: B

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 536

Feedback: History Taking, page 536

156. Which of the following statements regarding the rapid full-body exam of a trauma patient is correct?

A) The rapid exam is used to identify injuries that must be managed before and during packaging and loading the patient for transport.

B) Any trauma patient should receive a rapid head-to-toe exam, even if his or her injury is minor and the mechanism of injury is not significant.

C) The rapid exam is the first assessment you will perform on a trauma patient and is designed to find and treat immediate threats to life.

D) The rapid exam is a detailed exam that should take between 1 and 2 minutes and should primarily focus on the patient's chief complaint.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 540

Feedback: Secondary Assessment, page 540

157. Which of the following is an example of an iatrogenic condition?

A) A patient is unresponsive and apneic after overdosing on heroin

B) A bradycardic patient’s heart rate improves after being given atropine

C) A patient stops breathing after being given morphine by the paramedic

D) Despite several defibrillation attempts, a patient remains in cardiac arrest

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 530

Feedback: History Taking, page 530

158. Which of the following is an example of a pertinent negative?

A) A family member states that the patient has hypertension.

B) A patient tells you that he has developed a plan for suicide.

C) A patient with chest discomfort denies shortness of breath.

D) An agitated patient tells you that he did not request your help.

Ans: C

Complexity: Moderate

Ahead: History Taking

Subject: Patient Assessment

Page: 536

Feedback: History Taking, page 536

159. Which of the following is the MOST practical method of assessing for gross neurologic deficits during your assessment of a patient?

A) Check deep tendon reflexes with a reflex hammer or similar object.

B) Ask the patient if he or she can feel and move his or her fingers and toes.

C) Assess capillary refill time at the forehead and the fingernails and toenails.

D) Ask the patient to lift both legs and hold them up for 20 to 30 seconds.

Ans: B

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 514

Feedback: Primary Survey, page 514

160. Upon completing your rapid full-body exam of an unresponsive trauma patient's head and neck, you should next:

A) log roll the patient onto a long backboard.

B) assess the integrity of the 12 cranial nerves.

C) ventilate the patient at 12 to 20 breaths/min.

D) apply a properly sized rigid cervical collar.

Ans: D

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 541

Feedback: Secondary Assessment, page 541

161. What are Korotkoff sounds?

A) Abnormal sounds heard over the carotid arteries

B) The sounds heard when taking a blood pressure

C) Sounds that indicate a significant heart murmur

D) Sounds over an artery that indicate turbulent blood flow

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 567

Feedback: Secondary Assessment, page 567

162. Any time you encounter jugular venous distention in a patient, you should determine:

A) where the venous obstruction is that is impeding blood return to the heart.

B) what body cavity the patient is bleeding into that is causing lost volume.

C) what condition the patient has that is causing decreased venous pressure.

D) what is happening to the heart to cause such a large increase in preload.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 568

Feedback: Secondary Assessment, page 568

163. When caring for an unresponsive trauma patient, a complete secondary assessment:

A) will probably not be performed in its entirety.

B) must be performed after the primary assessment.

C) should be performed before you begin transport.

D) will enable you to immediately detect life threats.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 539

Feedback: Secondary Assessment, page 539

164. When assessing the head and face during the full-body exam, you should:

A) apply pressure to the eyes to elicit pain.

B) remove any dentures if they are present.

C) avoid palpating any cranial depressions.

D) pack the ears if blood drainage is present.

Ans: C

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 555

Feedback: Secondary Assessment, page 555

165. When assessing a trauma patient's chest, you should remember that:

A) the presence of hyporesonance to percussion is an indicator of air trapping in the pleural space.

B) paradoxical movement may not be grossly apparent due to the splinting effect of chest muscle spasms.

C) breath sounds should be assessed routinely in at least two fields prior to visual or tactile assessment.

D) a structurally nonintact chest wall should be stabilized by circumferentially wrapping the chest with bandages.

Ans: B

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 562

Feedback: Secondary Assessment, page 562

166. The breath sounds found on the posterior chest in between the scapulae are called:

A) tracheal sounds.

B) vesicular sounds.

C) adventitious sounds.

D) bronchovesicular sounds.

Ans: D

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 562

Feedback: Secondary Assessment, page 562

167. Bruising in the periumbilical area is indicative of:

A) a leaking aortic aneurysm.

B) intraperitoneal hemorrhage.

C) ruptured ectopic pregnancy.

D) a ruptured urinary bladder.

Ans: B

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 571

Feedback: Secondary Assessment, page 571

168. Vascular compromise in a lower extremity is characterized by:

A) unilateral pulse deficit and pallor.

B) bilaterally diminished pedal pulses.

C) warm, flushed skin to the extremity.

D) inability to feel or move the extremity.

Ans: A

Complexity: Moderate

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 580

Feedback: Secondary Assessment, page 580

169. A patient with dysarthria has:

A) a flat affect.

B) painful joints.

C) slurred speech.

D) severe stuttering.

Ans: C

Complexity: Easy

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 583

Feedback: Secondary Assessment, page 583

170. During a 20-minute transport of a critical patient, you should make a concerted effort to reassess the patient \_\_\_ times.

A) one

B) two

C) three

D) four

Ans: D

Complexity: Moderate

Ahead: Reassessment

Subject: Patient Assessment

Page: 593

Feedback: Reassessment, page 593

171. Which of the following reassessment findings is MOST significant in a patient with penetrating chest trauma?

A) Loud heart tones to auscultation

B) Blood pressure of 90/76 mm Hg

C) Symmetrical chest rise and fall

D) Heart rate of 78 beats per minute

Ans: B

Complexity: Moderate

Ahead: Reassessment

Subject: Patient Assessment

Pages: 593–594

Feedback: Reassessment, pages 593–594

172. You are about to assess a patient who complains of fever, chills, and coughing up blood. In addition to donning gloves and eye protection, you should:

A) place a tight-fitting mask on the patient.

B) wear a properly fitted HEPA or N-95 mask.

C) immediately notify the health department.

D) ask the patient if he or she is HIV-positive.

Ans: B

Complexity: Moderate

Ahead: Scene Size-up

Subject: Patient Assessment

Page: 508

Feedback: Scene Size-up, page 508

173. At 3:00 a.m. you receive a call for a “man down.” While en route to the scene, you ask the dispatcher to provide additional information, but the dispatcher advises you the caller was abrupt on the phone and then hung up. You should:

A) ask the dispatcher if law enforcement is en route to the scene.

B) assume the caller was panicked because the patient is critically ill.

C) advise the dispatcher to send a second paramedic crew to the scene.

D) stage in a safe area until contact with the caller can be reestablished.

Ans: A

Complexity: Moderate

Ahead: Scene Size-up

Subject: Patient Assessment

Pages: 504–507

Feedback: Scene Size-up, pages 504–507

174. Upon arriving at the scene of a patient with difficulty breathing, you find the patient, a 300-pound man, sitting on the couch in his living room. The patient is conscious and alert and tells you that he is chronically short of breath but feels worse today and wishes to be transported to the hospital. As you begin your assessment, your partner should:

A) obtain vital signs.

B) contact medical control.

C) request lifting assistance.

D) prepare a nebulizer treatment.

Ans: C

Complexity: Moderate

Ahead: Scene Size-up

Subject: Patient Assessment

Pages: 504–507

Feedback: Scene Size-up, pages 504–507

175. You arrive at the scene of a motor vehicle crash in which a small passenger car struck a bridge pillar. The patient, a conscious young woman, is still seated in her car. The scene is safe and law enforcement is directing traffic. Upon initial contact with the patient, you should:

A) have your partner manually stabilize her head as you assess her mental status.

B) assess her respiratory quality and then apply oxygen via nonrebreathing mask.

C) apply a rigid cervical collar and obtain an initial Glasgow Coma Scale score.

D) open her airway with the jaw-thrust maneuver and assess respiratory quality.

Ans: A

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Pages: 510–511

Feedback: Primary Survey, pages 510–511

176. A multisystems trauma patient opens his eyes in response to pain, moans when you ask him his name, and withdraws from painful stimuli. From this information, you should:

A) assign him a Glasgow Coma Scale score of 10 and apply oxygen.

B) assume that he has an intracerebral hemorrhage.

C) hyperventilate him with a bag-mask device at 24 breaths/min.

D) conclude that he has severe neurologic dysfunction.

Ans: D

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 515

Feedback: Primary Survey, page 515

177. During your primary survey of a 20-year-old man with blunt chest trauma, you note that he is semiconscious with rapid, shallow breathing. You do not see any obvious bleeding and note that his pulse is rapid and irregular, and his skin is cool and moist. An appropriate action would be to:

A) quickly log roll the patient and assess his back.

B) apply a cardiac monitor to assess for dysrhythmias.

C) perform a secondary assessment while at the scene.

D) insert an oral airway and apply supplemental oxygen.

Ans: B

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Pages: 513–514

Feedback: Primary Survey, pages 513–514

178. A 29-year-old woman is in active labor. During your visual exam, you see a limb protruding from her vagina. Upon noting this, it is MOST important to:

A) contact online medical control.

B) prepare for immediate transport.

C) position the patient on her side.

D) start an IV line of normal saline.

Ans: B

Complexity: Moderate

Ahead: Primary Survey

Subject: Patient Assessment

Page: 516

Feedback: Primary Survey, page 516

179. A neighbor finds her elderly female friend unresponsive on her kitchen floor. As you are performing your primary survey, the neighbor tells you that she does not know what happened to her friend. The patient moans when you speak to her and is breathing at a normal rate with adequate depth. You should:

A) apply a rigid cervical collar, start an IV of normal saline, and perform immediate endotracheal intubation.

B) apply supplemental oxygen via nonrebreathing mask, place her in a lateral recumbent position, and transport.

C) insert an airway adjunct, apply supplemental oxygen, and implement spinal motion restriction precautions.

D) quickly place her on the stretcher, obtain a 12-lead ECG tracing, and perform a detailed physical exam.

Ans: C

Complexity: Difficult

Ahead: Secondary Assessment

Subject: Patient Assessment

Pages: 587–588

Feedback: Secondary Assessment, pages 587–588

180. You are caring for an unresponsive 54-year-old man with an apparent isolated head injury after he fell from a standing position. Your partner is maintaining manual stabilization of the patient's head while assisting his breathing. Your rapid full-body exam reveals only a large hematoma to the patient's forehead. Further assessment reveals that the patient is wearing a medical alert bracelet that reads “allergic to codeine.” You should:

A) instruct your partner to ventilate the patient at 24 breaths/min.

B) perform a detailed secondary assessment and transport at once.

C) assess his blood glucose reading and give dextrose if necessary.

D) give epinephrine in case he is experiencing an allergic reaction.

Ans: C

Complexity: Difficult

Ahead: Secondary Assessment

Subject: Patient Assessment

Page: 591

Feedback: Secondary Assessment, page 591

181. You are transporting a conscious middle-aged woman who fell from a second-story balcony while watering her plants. Full spinal motion restriction precautions have been implemented, supplemental oxygen is being administered, and an IV line of normal saline is in place. With a 15-minute estimated time of arrival at the hospital, the patient's mental status markedly decreases and her respirations become shallow and are making a gurgling sound. Your FIRST action should be to:

A) immediately suction her oropharynx.

B) perform immediate endotracheal intubation.

C) insert a nasal airway and assist ventilations.

D) contact the receiving facility to update them.

Ans: A

Complexity: Difficult

Ahead: Reassessment

Subject: Patient Assessment

Page: 593

Feedback: Reassessment, page 593