Import Settings:

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Information Field: Complexity

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Information Field: Objective

Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Neurologic Emergencies - Neurologic Emergencies - TBNK**

**Multiple Choice**

1. The peripheral nervous system is responsible for:

A) memory, understanding, and thought processes.

B) feeling and autonomic sensory and motor functions.

C) thought, perception, and voluntary motor functions.

D) sending messages to and receiving messages from the brain.

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1081

Feedback: Anatomy and Physiology Review, page 1081

2. Components of the diencephalon include the:

A) pons and medulla.

B) brainstem and midbrain.

C) thalamus and hypothalamus.

D) cerebellum and cerebral cortex.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1083

Feedback: Anatomy and Physiology Review, page 1083

3. A person's level of consciousness is regulated by the:

A) diencephalon.

B) cerebral cortex.

C) occipital lobe of the brain.

D) reticular activating system.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1083

Feedback: Anatomy and Physiology Review, page 1083

4. What portion of the brainstem regulates respiratory pattern and depth?

A) Pons

B) Medulla

C) Midbrain

D) Basal nuclei

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1083

Feedback: Anatomy and Physiology Review, page 1083

5. Emotions such as rage and anger are generated in the:

A) thalamus.

B) limbic system.

C) hypothalamus.

D) diencephalon.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1083

Feedback: Anatomy and Physiology Review, page 1083

6. Among other functions, the medulla oblongata:

A) directly regulates body temperature.

B) controls blood pressure and heart rate.

C) communicates with the pituitary gland.

D) sends messages to move skeletal muscles.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1083

Feedback: Anatomy and Physiology Review, page 1083

7. A loss of balance and equilibrium suggests injury to the:

A) midbrain.

B) cerebrum.

C) thalamus.

D) cerebellum.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1083

Feedback: Anatomy and Physiology Review, page 1083

8. A synapse is:

A) a cluster of sensory nerve cells.

B) the body's main neurotransmitter.

C) the gap between an axon and dendrite.

D) the point where a nerve cell terminates.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1084

Feedback: Anatomy and Physiology Review, page 1084

9. Chemicals that relay electrically conducted signals from one neuron to another are called:

A) hormones.

B) endorphins.

C) catecholamines.

D) neurotransmitters.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1084

Feedback: Anatomy and Physiology Review, page 1084

10. The portion of the neuron where the nucleus resides and protein synthesis occurs is the:

A) axon.

B) dendrite.

C) synapse.

D) cell body.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Neurologic Emergencies

Page: 1084

Feedback: Anatomy and Physiology Review, page 1084

11. Myelin functions by:

A) allowing the neuron to send its signal consistently along the axon without losing its electricity.

B) insulating the neuron, thus decreasing the speed of electrical conduction between two neurons.

C) covering the neurons in the body that do not require rapid conduction of an electrical impulse.

D) briefly delaying the conduction of an electrical impulse between the synaptic cleft and dendrite.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1121

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1121

12. A neoplasm is MOST accurately defined as a(n):

A) normal cell.

B) abnormal growth.

C) damaged cell.

D) cancerous tumor.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1119

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1119

13. In contrast to a benign neoplasm, a malignant neoplasm:

A) is relatively easy to remove surgically.

B) can metastasize to other parts of the body.

C) results in death in the vast majority of cases.

D) remains within a capsule and grows minimally.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1119–1121

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1119–1121

14. Prehospital treatment for a patient with a suspected stroke may include all of the following, EXCEPT:

A) 30° elevation of the head.

B) diazepam or lorazepam.

C) up to 325 mg of aspirin.

D) crystalloid fluid boluses.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1102–1103

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1102–1103

15. Common reality is defined as:

A) one person's perception of his or her surroundings.

B) a perceived thought that is not based on reality.

C) minimal shared reality between two individuals.

D) sensory stimulation that can be confirmed by others.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1091

Feedback: Patient Assessment, page 1091

16. The MOST common sign of an infectious disease of the nervous system is the presence of:

A) a fever.

B) seizures.

C) a headache.

D) tachycardia.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1127

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1127

17. When neurons are deprived of oxygen and glucose:

A) they convert to anaerobic metabolism.

B) they produce alkalotic waste products.

C) spontaneous intracerebral bleeding occurs.

D) the process of neuronal regeneration begins.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1100

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1100

18. All of the following are examples of acute cerebrovascular emergencies, EXCEPT:

A) embolic blockage of a cerebral artery.

B) accumulation of atherosclerotic plaque.

C) rupture of a cerebral arterial aneurysm.

D) stroke secondary to thrombus rupture.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1100–1101

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1100–1101

19. The MOST immediate and significant complication associated with a hemorrhagic stroke is:

A) acute hypovolemic shock.

B) hypertension and bradycardia.

C) mean arterial pressure increase.

D) increased intracranial pressure.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1101

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1101

20. As intracranial pressure rises:

A) the heart rate acutely increases.

B) the brain becomes hypocarbic.

C) brainstem herniation may occur.

D) mean arterial pressure decreases.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1101

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1101

21. What is the cerebral perfusion pressure of a patient with a mean arterial pressure of 80 mm Hg and an intracranial pressure of 5 mm Hg?

A) 60 mm Hg

B) 75 mm Hg

C) 90 mm Hg

D) 95 mm Hg

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1101–1102

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1101–1102

22. Which of the following would MOST likely cause a sustained increase in intracranial pressure?

A) Bearing down

B) Frequent coughing

C) Projectile vomiting

D) Intracranial tumor

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1102

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1102

23. Which of the following would have the MOST negative effect on the outcome of a patient with an intracranial hemorrhage?

A) Hypotension

B) Tachycardia

C) Hypertension

D) Slow rise in intracranial pressure

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1101–1102

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1101–1102

24. For any patient with an increase in intracranial pressure, the paramedic must:

A) avoid administering IV fluid boluses.

B) give glucose to prevent hypoglycemia.

C) maintain an adequate blood pressure.

D) take measures to lower blood pressure.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1102–1103

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1102–1103

25. Hyperventilating a patient who has increased intracranial pressure (ICP) will:

A) dilate the cerebral vasculature and cause further increases in ICP.

B) constrict the cerebral vasculature and decrease cerebral perfusion.

C) increase the carbon dioxide levels in the brain through vasodilation.

D) decrease ICP and maintain adequate cerebral perfusion.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1103

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1103

26. Management for a patient with a neurologic emergency begins by:

A) ensuring that the patient's airway remains patent.

B) taking deliberate actions to ensure personal safety.

C) determining the degree of neurologic impairment.

D) protecting the patient from further injury or harm.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1084

Feedback: Patient Assessment, page 1084

27. Decerebrate posturing:

A) is characterized by abnormal flexion of the arms and extension of the lower extremities.

B) is considered less severe than decorticate posturing, because it indicates that the brainstem is intact.

C) is an early clinical finding, because it occurs with minimal increases in intracranial pressure.

D) is a more severe finding than decorticate posturing, as it indicates damage in or near the brainstem.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1087

Feedback: Patient Assessment, page 1087

28. All of the following cranial nerves are responsible for airway control, EXCEPT the:

A) abducens.

B) trigeminal.

C) hypoglossal.

D) glossopharyngeal.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1087

Feedback: Patient Assessment, page 1087

29. Patients with trismus often require:

A) premedication with lidocaine before being intubated.

B) hyperventilation to reduce severe intracranial pressure.

C) sedation or chemical paralysis to facilitate airway control.

D) immediate tracheal intubation before the airway swells shut.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1087

Feedback: Patient Assessment, page 1087

30. In contrast to patients in shock, patients with increased intracranial pressure MOST often experience:

A) systolic hypotension.

B) an increased diastolic blood pressure.

C) a widened pulse pressure.

D) tachycardia and tachypnea.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1088

Feedback: Patient Assessment, page 1088

31. What type of tremor occurs when a body part is placed in a particular position and required to maintain that position for a long period of time?

A) Rest

B) Postural

C) Intention

D) Jacksonian

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1095

Feedback: Patient Assessment, page 1095

32. Apneustic breathing is characterized by:

A) an irregular respiratory pattern with unpredictable periods of apnea.

B) a gradual increase and decrease in breathing with periods of apnea.

C) extreme tachypnea and hyperpnea with a fruity or acetone breath odor.

D) a prolonged inspiratory phase with a shortened expiratory phase and bradypnea.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1088

Feedback: Patient Assessment, page 1088

33. When assessing a patient’s response to pain, you place your thumb in the notch above the eye and near the bridge of the nose. This region is called the:

A) foramen magnum

B) foramen of Monroe.

C) vertebral foramen.

D) supraorbital foramen.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1086

Feedback: Patient Assessment, page 1086

34. Common causes of trismus in an unresponsive patient include all of the following, EXCEPT:

A) opiate toxicity.

B) cerebral hypoxia.

C) a head injury.

D) an active seizure.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1087

Feedback: Patient Assessment, page 1087

35. A patient with a head injury is found lying supine. The patient’s feet are extended with the toes pointed, and the arms extended with the hands pronated. This indicates:

A) brainstem injury.

B) spinal cord injury.

C) decorticate posturing.

D) low intracranial pressure.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1087

Feedback: Patient Assessment, page 1087

36. A patient with a unilateral eyelid droop when smiling:

A) has a condition called miosis.

B) may be experiencing Bell palsy.

C) likely has an intracerebral hemorrhage.

D) is experiencing transient cerebral ischemia.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1090

Feedback: Patient Assessment, page 1090

37. Which of the following assessment findings would indicate dysfunction of the trigeminal nerve?

A) Inability to move the eyes up, down, and laterally

B) Inability to feel the part of the face you are touching

C) Inability to shrug the shoulders against resistance

D) The tongue deviates to one direction or the other

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1094

Feedback: Patient Assessment, page 1094

38. The oculomotor, trochlear, and abducens nerve control what common function?

A) Temperature sensation

B) Hearing and balance

C) Pupil size and reaction

D) Movement of the eye

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1094

Feedback: Patient Assessment, page 1094

39. Which of the following is an example of receptive aphasia?

A) A patient with slurred speech is able to tell you his or her name.

B) You hand a patient a pencil and he or she tries to cut paper with it.

C) You ask a patient who the president is and he or she says, “January.”

D) A patient responds with “no” when asked if he or she has hypertension.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1093–1094

Feedback: Patient Assessment, page 1093–1094

40. A patient with multiple sclerosis may present with:

A) nystagmus.

B) hyperopia.

C) anisocoria.

D) dysphagia.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1121

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1121

41. A stroke to the right cerebral hemisphere would MOST likely cause:

A) left-sided weakness and a right side visual field loss.

B) left-sided weakness and an absence of facial droop.

C) right-sided weakness and left side visual field loss.

D) right-sided weakness and a right-sided facial droop.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1095

Feedback: Patient Assessment, page 1095

42. A staggering gait is MOST suggestive of damage to the:

A) medulla.

B) cerebrum.

C) brainstem.

D) cerebellum.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1095

Feedback: Patient Assessment, page 1095

43. \_\_\_\_\_\_\_\_\_\_ is a term used to describe changes in a person's ability to perform coordinated motions, such as walking.

A) Ataxia

B) Myoclonus

C) Bradykinesia

D) Decussation

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1095

Feedback: Patient Assessment, page 1095

44. Which of the following disease processes is characterized by an abnormal gait in which the patient places his or her feet very close together and shuffles while walking?

A) Cerebral palsy

B) Multiple sclerosis

C) Parkinson disease

D) Alzheimer disease

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1123

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1123

45. When performing the arm drift test on a patient with a suspected stroke, a positive finding is characterized by:

A) one arm drifting downward and turning away from the body when the patient's eyes are closed.

B) one arm drifting downward and turning toward the body when the patient's eyes are closed.

C) one arm drifting downward and turning away from the body when the patient's eyes are open.

D) both arms moving downward more than 3 inches in 30 seconds when the patient's eyes are open.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1095

Feedback: Patient Assessment, page 1095

46. Tremors that increase as the patient's hand gets closer to an object that he or she is trying to grab are called \_\_\_\_\_\_\_\_\_ tremors and are MOST common in patients with \_\_\_\_\_\_\_\_\_.

A) rest, Parkinson disease

B) postural, Alzheimer disease

C) clonic, cerebral palsy

D) intention, multiple sclerosis

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Pages: 1095, 1121

Feedback: Patient Assessment, pages 1095, 1121

47. A rhythmic contraction and relaxation of muscle groups that is commonly observed during a seizure is called \_\_\_\_\_\_\_\_\_\_ activity.

A) tonic

B) clonic

C) hypertonic

D) myoclonic

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1096

Feedback: Patient Assessment, page 1096

48. An idiopathic seizure is one in which:

A) the cause is not known.

B) the entire brain is affected.

C) a part of the brain is affected.

D) a postictal phase is not present.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1114

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1114

49. A patient experiences severe, shock-like or stabbing pain to one side of the face. This is consistent with:

A) an acoustic neuroma.

B) hemifacial spasm.

C) trigeminal neuralgia.

D) glossopharyngeal neuralgia.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1125

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1125

50. Applying pressure to the supraorbital foramen of a patient with a neurologic insult is intended to:

A) stimulate the vagus nerve.

B) determine if the spinal cord is intact.

C) elicit a response to painful stimuli.

D) assess for an orbital skull fracture.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1086

Feedback: Patient Assessment, page 1086

51. An elderly man who is a resident of a skilled nursing facility is found unresponsive by a staff nurse. When you and your partner arrive, you assess the patient and note that his respirations are slow and shallow; his heart rate is slow, weak, and irregular; and his skin is cool and clammy. You should:

A) obtain a 12-lead ECG tracing and assess his pupils.

B) assist his ventilations and assess his oxygen saturation.

C) assess his blood glucose level and give high-flow oxygen.

D) apply oxygen via nonrebreathing mask and apply the ECG.

Ans: B

Complexity: Difficult

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1087

Feedback: Patient Assessment, page 1087

52. You are assessing an unresponsive 66-year-old man with a history of two prior strokes. According to the patient's wife, he complained of a severe headache and then passed out. His respiratory effort is poor, blood pressure is elevated, and pulse is slow and bounding. The glucometer reads “error.” You should:

A) give high-flow oxygen, apply the cardiac monitor, start an IV line with normal saline, and administer 0.5 mg of atropine to treat his bradycardia.

B) hyperventilate with a bag-mask device at 30 breaths/min, begin transcutaneous pacing, establish vascular access, and administer 25 g of 50% dextrose.

C) intubate after 30 seconds of preoxygenation, ventilate at a rate of 8 breaths/min, start an IV with normal saline, administer 50 g of 50% dextrose, and reassess.

D) assist ventilations, apply the cardiac monitor, start an IV line with normal saline, administer 12.5 g of 50% dextrose, and reassess his level of consciousness.

Ans: D

Complexity: Difficult

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Pages: 1087, 1099

Feedback: Patient Assessment, pages 1087, 1099

53. A 39-year-old woman presents with signs and symptoms of an acute hemorrhagic stroke. She is responsive to deep painful stimuli only and has bilaterally dilated and sluggishly reactive pupils. Her respirations are slow and irregular, blood pressure is 80/50 mm Hg, and pulse is 40 and bounding. Initial treatment for this patient involves:

A) positive-pressure ventilatory support.

B) rapid infusion of a crystalloid solution.

C) high-flow oxygen via nonrebreathing mask.

D) immediate transcutaneous cardiac pacing.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1102–1103

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1102–1103

54. You respond to the residence of a known heroin abuser. The patient, a 30-year-old man, is unconscious and unresponsive. He is hypoventilating, bradycardic, and hypotensive. Administration of 10 mg of naloxone has had no effect, and your transport time to the hospital is approximately 30 minutes. You should:

A) check his blood glucose level as your partner prepares to intubate.

B) transport at once and administer additional naloxone while en route.

C) administer 25 g of 50% dextrose and reassess his level of consciousness.

D) hyperventilate him with high-flow oxygen to minimize tissue hypoxia.

Ans: A

Complexity: Difficult

Ahead: Standard Care Guideline for the Neurologic Patient

Subject: Neurologic Emergencies

Pages: 1097, 1099

Feedback: Standard Care Guideline for the Neurologic Patient, pages 1097, 1099

55. A 59-year-old woman presents with acute onset of confusion, left-sided hemiparesis, and a right-sided facial droop. Her airway is patent and she is breathing adequately. Her blood pressure is 150/100 mm Hg and her pulse is 70 beats/min. The cardiac monitor displays atrial fibrillation with a variable rate of 60 to 90 beats/min. When obtaining the patient's medical history from her husband, the MOST important question to ask him is:

A) “Does your wife have a history of diabetes?”

B) “Is your wife allergic to aspirin or contrast dye?”

C) “When did your wife last see her physician?”

D) “When did you first notice your wife's symptoms?”

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1108

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1108

56. An elderly man presents with slurred speech, confusion, and unilateral facial asymmetry. When asked to squeeze your hands, the strength in his left hand is markedly less than the strength in his right hand. The patient's wife tells you that her husband has type 2 diabetes and hypertension. On the basis of your clinical findings, you should:

A) consider him a candidate for fibrinolytic therapy if his symptoms began less than 12 hours ago.

B) rule out hypoglycemia by assessing his blood sugar, but suspect a right-sided ischemic stroke.

C) start an IV and administer crystalloid fluid boluses if his systolic blood pressure is less than 110 mm Hg.

D) suspect that he is experiencing a hemorrhagic stroke, begin immediate transport, and start an IV en route.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1099–1101

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1099–1101

57. You are dispatched to a residence for a middle-aged woman with generalized weakness of approximately 18 hours duration. Your primary assessment reveals right-sided hemiparesis, a left-sided facial droop, and bilaterally equal and reactive pupils. Further assessment reveals that her blood glucose level is 70 mg/dL. En route to the hospital, you note increased movement of her right arm. She is receiving oxygen via nasal cannula and has a patent IV line in place. Which of the following statements regarding this scenario is correct?

A) You should administer nitroglycerin or labetalol if her systolic blood pressure is greater than 150 mm Hg.

B) The patient will likely receive fibrinolytic therapy in the emergency department if no contraindications exist.

C) Although the patient is likely experiencing a TIA, you should treat her as though she is experiencing a stroke.

D) The patient's signs and symptoms are likely the result of her blood sugar and will resolve with dextrose.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1109

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1109

58. A 19-year-old man presents with a decreased level of consciousness. According to his girlfriend, he has no known medical problems and takes no medications. Initial treatment for this patient involves:

A) administering oxygen via nonrebreathing mask.

B) ensuring airway patency and adequate breathing.

C) evaluating his cardiac rhythm with the ECG monitor.

D) performing a rapid check of his blood glucose level.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1109

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1109

59. You are dispatched to a local pharmacy, where a 24-year-old woman experienced an apparent seizure. During your assessment, you note that the patient is conscious but combative. The patient's supervisor states that she has a history of seizures and takes Tegretol. The patient's blood pressure is 146/90 mm Hg, pulse rate is 110 beats/min and regular, and respirations are 24 breaths/min with adequate depth. The MOST appropriate treatment for this patient includes:

A) administering oxygen as tolerated, establishing an IV line, padding the rails of the ambulance cot, and transporting without lights and siren.

B) establishing vascular access, administering diazepam or lorazepam to reduce her combativeness, and transporting to the closest hospital.

C) giving her high-flow oxygen, inserting an IO catheter in her proximal tibia, transporting, and observing for further seizure activity.

D) administering oxygen, restraining her to protect her from further injury, placing a bite block in her mouth in case she seizes again, and transporting.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1113–1116

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1113–1116

60. You arrive at the scene shortly after a 7-year-old girl experienced a seizure. According to the child's mother, she was sitting at the dinner table and then suddenly stopped speaking and started blinking her eyes very rapidly. The episode lasted less than 1 minute, after which the child's condition rapidly improved. This clinical presentation is consistent with a(n) \_\_\_\_\_\_\_\_\_\_\_\_\_ seizure.

A) absence

B) tonic-clonic

C) simple partial

D) complex partial

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1114

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, page 1114

61. A woman brings her 18-year-old son to your EMS station. The patient is actively seizing and, according to the mother, has been seizing for the past 10 minutes. She states that her son has a history of seizures and takes Depakote. The patient is cyanotic, is breathing erratically, and has generalized muscle twitching to all extremities. You should:

A) place a bite block between his molars to prevent oral trauma, administer high-flow oxygen, and give lorazepam IM.

B) protect him from further injury by restraining him, attempt orotracheal intubation, establish an IV, and give Valium.

C) hyperventilate him with a bag-mask device to eliminate excess carbon dioxide, establish vascular access, and give lorazepam.

D) open his airway and begin assisting his ventilations, establish an IV or IO line, and administer diazepam.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1116–1117

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1116–1117

62. A 33-year-old woman had an apparent syncopal episode. According to her husband, she complained of dizziness shortly before the episode. He further states that he caught her before she fell to the ground. Upon your arrival, the patient is conscious but confused and is sitting in a chair. Her blood pressure is 90/60 mm Hg, pulse rate is 110 beats/min and weak, and respirations are 22 breaths/min and regular. Her blood glucose level is 74 mg/dL. The MOST likely cause of her syncopal episode is:

A) a seizure.

B) dehydration.

C) a vasovagal response.

D) acute hypoglycemia.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1117–1118

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1117–1118

63. You are dispatched to a residence for a 44-year-old woman with a severe headache. You arrive to find the patient lying on her sofa with a wet washcloth on her forehead. She tells you that she has a history of migraine headaches and that this is one of her “typical” headaches. She also complains of nausea and photophobia. Her blood pressure is 170/94 mm Hg, pulse rate is 120 beats/min and regular, and respirations are 22 breaths/min with adequate depth. The MOST appropriate treatment for this patient includes:

A) carefully assessing her pupils, administering oxygen, starting an IV and giving her morphine, and transporting.

B) placing her in a Fowler position, administering oxygen, and transporting her to the hospital for definitive care.

C) oxygen as tolerated, starting an IV line and administering ondansetron, and transporting without lights or siren.

D) administering high-flow oxygen, establishing vascular access, and administering nitroglycerin to lower her blood pressure.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1118–1119

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1118–1119

64. A 51-year-old man complains of chronic headaches that have worsened progressively over the past 3 months. Today, he called 9-1-1 because his headache is severe and he is nauseated. His vital signs are stable and he is breathing adequately. The patient denies any medical problems and states that he has been taking acetaminophen for the headaches. You should be MOST suspicious for:

A) acute sinusitis.

B) an intracranial neoplasm.

C) acute hemorrhagic stroke.

D) a ruptured cerebral artery.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Pages: 1119, 1121

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies, pages 1119, 1121

65. A 56-year-old diabetic woman presents with numbness and tingling to both of her hands that have gradually intensified over the past few weeks. Your assessment reveals stable vital signs, adequate breathing, and a blood glucose level of 190 mg/dL. The cardiac monitor reveals a normal sinus rhythm. The patient tells you that she has eaten but has not taken her insulin yet. You should:

A) provide supportive care and safely transport her to the hospital.

B) assist her with her prescribed insulin to lower her blood glucose.

C) advise her to take ibuprofen and to follow up with her physician.

D) conclude that she has postpolio syndrome and give her fentanyl.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Pages: 1129–1130

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, pages 1129–1130

66. A 29-year-old man, who was recently prescribed an antipsychotic medication, presents with an acute onset of bizarre contortions of the face. Treatment should include:

A) diazepam, 5 mg.

B) promethazine, 25 mg.

C) diphenhydramine, 25 mg.

D) ondansetron, 4 mg.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1127

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1127

67. A patient with suspected meningitis involuntarily flexes her knees when her head is flexed toward her chest. This is called:

A) Kernig sign.

B) Grey Turner sign.

C) Cullen sign.

D) Brudzinski sign.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1128

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1128

68. Which of the following signs or symptoms are MOST consistent with meningitis in an infant?

A) High fever, drooling, and tachycardia

B) High-pitched cry and bulging fontanelles

C) Low-grade fever and depressed fontanelles

D) Kehr sign, vomiting, and poor skin turgor

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1128

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1128

69. Which of the following signs or symptoms is consistent with postpolio syndrome?

A) Persistent high fever

B) Difficulty swallowing

C) Unilateral vision loss

D) Acute unilateral paralysis

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1129

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1129

70. Common signs and symptoms of a cerebral abscess include:

A) hemiplegia, low-grade fever, hyperactivity, and a diffuse stabbing headache.

B) paralysis below the waist, high fever, a diffuse headache, and slurred speech.

C) high-grade fever, persistent localized headache, confusion, and focal impairment.

D) an absence of fever, severe localized headache, and vomiting without nausea.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1129

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1129

71. When a patient with Parkinson disease is asked to turn, he or she takes small steps until the turn is complete. This is called:

A) ataxia.

B) decussation.

C) dystonia.

D) bradykinesia.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1123

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1123

72. Which of the following cranial nerves are assessed when you ask a patient to follow your finger as you move it in an “H” shape?

A) Trochlear, oculomotor, abducens

B) Facial, accessory, glossopharyngeal

C) Accessory, olfactory, hypoglossal

D) Optic, trigeminal, glossopharyngeal

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1094

Feedback: Patient Assessment, page 1094

73. Which of the following cranial nerves regulates movement of the head and shoulders?

A) Hypoglossal

B) Abducens

C) Accessory

D) Trigeminal

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1094

Feedback: Patient Assessment, page 1094

74. Pupils that differ in size by less than 1 mm:

A) indicate increased intracranial pressure.

B) may be a normal variant in some patients.

C) are a sign of methamphetamine abuse.

D) are a sign of optic nerve compression.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1092

Feedback: Patient Assessment, page 1092

75. A high level of oxygen to the brain of a patient with a hemorrhagic stroke and increased intracranial pressure:

A) dilates the blood vessels and can cause brain herniation.

B) lowers intracranial pressure and oxygenates the brain.

C) increases intracranial pressure, but oxygenates the brain.

D) causes vasoconstriction and can impair brain perfusion.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Disorders

Subject: Neurologic Emergencies

Page: 1103

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Disorders, page 1103

76. According to the Los Angeles Prehospital Stroke Screen, the possibility of a stroke is increased if:

A) the patient is younger than 45 years of age.

B) the blood glucose is between 60 and 400 mg/dL.

C) at baseline, the patient is normally bedridden.

D) a bilateral facial droop is present during the exam.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1107

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Disorders, page 1107

77. Which of the following causes of altered mental status is NOT an acute process?

A) Uremia

B) Acidosis

C) Psychosis

D) Epilepsy

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Disorders

Subject: Neurologic Emergencies

Page: 1110

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Disorders, page 1110

78. During a generalized tonic-clonic seizure, the patient is rigid and his back is arched. This represents the \_\_\_\_\_\_\_\_\_ phase of the seizure.

A) tonic

B) clonic

C) hypertonic

D) postictal

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1114

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Disorders, page 1114

79. In contrast to syncope, a seizure:

A) is less commonly observed in older patients.

B) can occur when the patient is in any position.

C) most often occurs when the patient is standing.

D) is characterized by a quick return of orientation.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Emergencies

Subject: Neurologic Emergencies

Page: 1118

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Disorders, page 1118

80. Spasmodic torticollis is characterized by:

A) sustained and painful contraction of the eyelids.

B) involuntary unilateral myoclonic contractions of the face.

C) severe stabbing pain, usually to one side of the face.

D) neck muscle contraction, which twists the head to one side.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1126

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1126

81. An autoimmune disorder in which the body attacks the myelin of the brain and spinal cord is called:

A) multiple sclerosis.

B) a dystonic reaction.

B) muscular dystrophy.

C) Guillain-Barre syndrome.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders

Subject: Neurologic Emergencies

Page: 1121

Feedback: Pathophysiology, Assessment, and Management of Demyelinating, Degenerating, and Motor Neuron Disorders, page 1121

82. Which of the following interventions would MOST likely be performed on a stroke patient in the prehospital setting?

A) Aspirin administration

B) Antihypertensive therapy

C) Fibrinolytic therapy

D) Endotracheal intubation

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Disorders

Subject: Neurologic Emergencies

Pages: 1102–1108

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Disorders, pages 1102–1108

83. What is the target blood pressure for an adult patient with increased intracranial pressure?

A) 80 to 90 mm Hg

B) 90 to 100 mm Hg

C) 110 to 120 mm Hg

D) 130 to 140 mm Hg

Ans: C

Complexity: Moderate

Ahead: Standard Care Guidelines for the Neurologic Patient

Subject: Neurologic Emergencies

Page: 1099

Feedback: Standard Care Guidelines for the Neurologic Patient, page 1099

84. In contrast to a patient in shock, you would expect a patient with increased intracranial pressure to present with:

A) tachycardia.

B) hypotension

C) a narrow pulse pressure.

D) a widened pulse pressure.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Neurologic Emergencies

Page: 1088

Feedback: Patient Assessment, page 1088

85. What level of stroke center is capable of administering fibrinolytics to a patient with an uncomplicated stroke, but must then transfer the patient to a higher level stroke center?

A) Primary Stroke Center

B) Comprehensive Stroke Center

C) Acute Stroke Ready Hospital

D) Any Level III Hospital

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Neurologic Disorders

Subject: Neurologic Emergencies

Page: 1103

Feedback: Pathophysiology, Assessment, and Management of Common Neurologic Disorders, page 1103