Import Settings:

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Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Toxicology – Toxicology - TBNK**

**Multiple Choice**

1. A poison is a substance:

A) whose chemical action could damage structures or impair function, even in small amounts.

B) that is damaging to the tissues and cells, especially if injected or taken in large quantities.

C) that is legal or illegal, and has the potential of causing permanent damage if it is ingested.

D) that is capable of making a person ill, at a minimum, and has a great chance of causing death.

Ans: A

Complexity: Easy

Ahead: Introduction

Subject: Toxicology

Page: 1398

Feedback: Introduction, page 1398

2. The bioavailability and excretion rate of a toxin are influenced by the:

A) amount of toxin and the relative speed at which it is metabolized.

B) type of toxin and the condition of the patient's underlying health.

C) route by which the toxin entered the body and the age of the patient.

D) the presence of other substances in the body at the time of exposure.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1400

Feedback: Pathophysiology, page 1400

3. Management for an ingested poison focuses mainly on:

A) the prompt induction of vomiting.

B) administering a counteracting agent.

C) neutralizing the poison in the stomach.

D) treating the systemic effects that result.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1401

Feedback: Pathophysiology, page 1401

4. When poisoning occurs because of a toxic environment:

A) the patient typically does not present with symptoms for hours.

B) you are more likely to encounter more than one patient at the scene.

C) you should limit your exposure to the environment to less than 5 minutes.

D) exposure continues, even after the patient is removed from the environment.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1401

Feedback: Pathophysiology, page 1401

5. From an anatomic and physiologic perspective, inhaled toxins:

A) generally provide a large window of opportunity for treatment.

B) quickly reach the alveoli and rapidly gain access to the circulatory system.

C) typically take between 15 and 20 minutes to exert a systemic effect.

D) often take several hours before clinical signs and symptoms manifest.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1402

Feedback: Pathophysiology, page 1402

6. Clinical signs and symptoms following exposure to a toxin will manifest MOST rapidly if the patient:

A) is older than 70 years of age.

B) ingests a large quantity of toxin.

C) breathes in the toxic chemical.

D) is exposed by the injection route.

Ans: D

Complexity: Easy

Ahead: Pathophysiology

Subject: Toxicology

Pages: 1402–1403

Feedback: Pathophysiology, pages 1402–1403

7. Which of the following toxins causes the MOST serious consequences when absorbed through the skin?

A) Dry lime

B) Poison oak

C) Pesticides

D) Sulfuric acid

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1403

Feedback: Pathophysiology, page 1403

8. You would NOT expect a person using methamphetamine to present with:

A) insomnia.

B) bradypnea.

C) restlessness.

D) hypertension.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

9. Exposure to sarin or tabun would result in:

A) hyperthermia.

B) pupillary dilation.

C) severe tachycardia.

D) excessive lacrimation.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

10. Any sympathomimetic drug will cause:

A) ataxia.

B) tachycardia.

C) hallucinations.

D) hypothermia.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

11. Which of the following drugs is classified as an anticholinergic?

A) Diazinon

B) Atropine

C) Thiopental

D) Phenylephrine

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

12. You would expect a person to be hypertensive and tachycardic following exposure to all of the following, EXCEPT:

A) cocaine.

B) bath salts.

C) phenobarbital.

D) pseudoephedrine.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

13. The odor of bitter almonds on a patient's breath should make you suspicious for exposure to:

A) cyanide.

B) arsenic.

C) phosphorus.

D) turpentine.

Ans: A

Complexity: Easy

Ahead: Pathophysiology

Subject: Toxicology

Page: 1405

Feedback: Pathophysiology, page 1405

14. An acetone breath odor is common following exposure to all of the following toxins, EXCEPT:

A) aspirin.

B) isopropyl alcohol.

C) camphor.

D) methyl alcohol.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1405

Feedback: Pathophysiology, page 1405

15. Most ingested poisons will cause:

A) headache and seizures.

B) tremors and weakness.

C) salivation and coma.

D) nausea and vomiting.

Ans: D

Complexity: Easy

Ahead: Pathophysiology

Subject: Toxicology

Page: 1405

Feedback: Pathophysiology, page 1405

16. Drug abuse is MOST accurately defined as:

A) the habitual use of illicit drugs for the purpose of inducing a euphoric feeling.

B) any use of a drug that causes physical, psychological, or legal harm to the user.

C) the use of legal medications that is not in accordance with a physician's order.

D) inadvertent misuse of a licit or illicit drug that causes physical harm to the user.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

17. The emotional state of craving a drug to maintain a feeling of well-being is called:

A) addiction.

B) habituation.

C) physical dependence.

D) psychological dependence.

Ans: D

Complexity: Easy

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

18. A middle-aged woman who has been taking 2 mg of clonazepam each day for 6 months finds that she now requires 4 mg each day to achieve the same effect. This is an example of:

A) tolerance.

B) drug abuse.

C) habituation.

D) physical dependence.

Ans: A

Complexity: Easy

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

19. A person who compulsively uses a drug, despite the fact that he or she knows the drug will cause physical or psychological harm, is:

A) tolerant.

B) addicted.

C) dependent.

D) an abuser.

Ans: B

Complexity: Easy

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

20. Alcohol potentiates Valium. This means that:

A) Valium makes alcohol a toxic substance.

B) alcohol antagonizes the effects of Valium.

C) alcohol enhances the effects of Valium.

D) the use of alcohol negates the use of Valium.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1406

Feedback: Pathophysiology, page 1406

21. Which of the following statements regarding alcoholism is correct?

A) A person who consumes alcohol is considered to be physically dependent if abrupt cessation of drinking causes withdrawal symptoms.

B) Patients with alcoholism typically do not become psychologically dependent on alcohol until they have been drinking for many years.

C) Delirium tremens occur any time a person suddenly stops drinking excessive amounts of alcohol, regardless of whether or not he or she is addicted.

D) Increased blood pressure and hallucinations are common physical manifestations when a short-term alcoholic slowly tapers his or her consumption.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1409–1410

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1409–1410

22. Patients with alcoholism are prone to subdural hematomas and gastrointestinal bleeding because:

A) they fall more frequently than sober people.

B) their blood-clotting mechanisms are impaired.

C) they are at higher risk for violent assault.

D) alcohol causes significant immunocompromise.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1411

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1411

23. Toxic effects of alcohol on the liver include all of the following, EXCEPT:

A) coagulopathy.

B) hypoglycemia.

C) hyperglycemia.

D) gastrointestinal bleeding.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1411

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1411

24. Which of the following is the MOST immediate danger to an unresponsive patient with acute alcohol intoxication?

A) Acute hypovolemia

B) Aspiration of vomitus

C) Profound bradycardia

D) Ventricular dysrhythmias

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1411–1412

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1411–1412

25. Symptoms of delirium tremens usually begin within \_\_\_\_\_\_ hours after the last alcohol intake.

A) 12 to 24

B) 24 to 48

C) 48 to 72

D) 72 to 96

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1412

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1412

26. Patients with delirium tremens often experience:

A) hallucinations.

B) AV heart blocks.

C) hypothermia.

D) acute hypertension.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1412

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1412

27. When caring for an unresponsive patient with a toxicologic emergency, you should:

A) intubate at once, obtain baseline vital signs, transport immediately, and perform all other interventions en route to the hospital.

B) administer high-flow oxygen, perform a detailed secondary assessment, obtain vital signs, and transport to the closest hospital.

C) try to neutralize any ingested toxins, secure a definitive airway, obtain baseline vital signs, start an IV line, and transport as soon as possible.

D) protect the airway, perform a rapid assessment, obtain vital signs, try to gather a medical history from the family, and transport promptly.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Toxicology

Pages: 1406–1409

Feedback: Patient Assessment, pages 1406–1409

28. Which of the following interventions is influenced strongly by the amount of time that has elapsed since a patient ingested a toxic substance?

A) Transport

B) IV therapy

C) Intubation

D) Gastric lavage

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Toxicology

Page: 1407

Feedback: Patient Assessment, page 1407

29. Which of the following questions often yields the LEAST reliable answer when questioning a patient who intentionally exposed himself or herself to a toxic substance?

A) Have you vomited?

B) Why did you take the substance?

C) When did you take the substance?

D) How much of the substance did you take?

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Toxicology

Page: 1407

Feedback: Patient Assessment, page 1407

30. Your FIRST priority when dealing with a patient who may have overdosed is to:

A) ascertain what the patient took.

B) enter the scene carefully.

C) request law enforcement.

D) assess the patient's airway.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Toxicology

Page: 1406

Feedback: Patient Assessment, page 1406

31. The clinical presentation of a stimulant abuser includes:

A) excitement, hypertension, tachycardia, and dilated pupils.

B) somnolence, hypotension, bradycardia, and a staggering gait.

C) hypotension, tachycardia, constricted pupils, and hypothermia.

D) an irregular pulse, hyperpyrexia, hypotension, and bradycardia.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1412–1413

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1412–1413

32. Crack is a combination of:

A) cocaine, baking soda, and water.

B) marijuana, heroin, and baking soda.

C) heroin, cocaine, and distilled water.

D) ecstasy, marijuana, and alcohol.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1413

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1413

33. Which of the following ECG abnormalities is MOST suggestive of cocaine toxicity?

A) Narrowing of the PR interval

B) Marked flattening of the T wave

C) Narrowing of the QRS complex

D) Prolongation of the QT interval

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1414

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1414

34. A person who is “speedballing” is:

A) highly addicted to methamphetamine, cocaine, and marijuana and mixes all three drugs together to achieve various levels of euphoria.

B) using cocaine in combination with heroin, by injecting them either underneath the skin or directly into a vein, in order to regulate the high.

C) packaging cocaine in small plastic bags and swallowing them for the purpose of transporting the cocaine from one location to another location.

D) using heroin to withdraw or detoxify himself or herself from cocaine by gradually increasing the amounts of heroin taken while decreasing the amounts of cocaine used.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1403

Feedback: Pathophysiology, page 1403

35. Which of the following types of medications does NOT contain amphetamine?

A) Diet pills

B) Nasal decongestants

C) Drugs used to treat insomnia

D) Drugs used to treat attention-deficit disorder

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1414

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1414

36. Unlike the effects of cocaine, the effects of methamphetamine:

A) last much longer.

B) often result in paranoia.

C) can be reversed with naloxone.

D) predispose the patient to violence.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1414

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1414

37. Appropriate prehospital treatment for a patient who has overdosed on a stimulant and is excessively tachycardic and violent includes all of the following, EXCEPT:

A) IM haloperidol.

B) beta-adrenergic antagonists.

C) benzodiazepines if seizures occur.

D) fluid boluses if hypotension occurs.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1415

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1415

38. Signs and symptoms of marijuana use include all of the following, EXCEPT:

A) euphoria.

B) drowsiness.

C) bloodshot eyes.

D) decreased appetite.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1416

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1416

39. LSD is classified as a:

A) psychedelic.

B) hallucinogen.

C) sympatholytic.

D) sedative/hypnotic.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1416–1417

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1416–1417

40. A 100-pound violent young woman who requires four large paramedics to subdue and contain her is MOST likely under the influence of:

A) PCP.

B) LSD.

C) ketamine.

D) mescaline.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1417

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1417

41. Priority care for an unresponsive patient who has overdosed on a barbiturate includes:

A) administering oxygen and giving naloxone.

B) administering diazepam to prevent seizures.

C) securing the airway and preventing aspiration.

D) observing the ECG closely for lethal dysrhythmias.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1419

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1419

42. Fluid-refractory hypotension following a barbiturate overdose is treated MOST effectively with:

A) dopamine.

B) naloxone.

C) atropine.

D) calcium.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1419

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1419

43. Which of the following interventions generally is preferred for a patient who overdosed on a barbiturate within the last hour?

A) Gastric lavage

B) Syrup of ipecac

C) Urine alkalinization

D) Activated charcoal

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1419

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1419

44. Which of the following is a sign of severe barbiturate withdrawal?

A) Diaphoresis

B) Hallucinations

C) Nausea and vomiting

D) Abdominal cramping

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1420

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1420

45. If you are treating a patient with a suspected benzodiazepine overdose and find that the patient is hypotensive, bradycardic, and comatose:

A) avoid administering flumazenil and transport the patient immediately.

B) you should consider concomitant overdose with another CNS depressant.

C) it is likely that the patient is also under the influence of methamphetamine.

D) you should rapidly administer 2 mg of naloxone via the IV, IO, or IM route.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1420

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1420

46. Which of the following drugs is an opiate?

A) Morphine

B) Fentanyl

C) Oxycodone

D) Tramadol

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1421

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1421

47. Immediate treatment for a patient who overdosed on a narcotic and is hypercarbic includes:

A) naloxone, 0.4 to 2 mg IV push.

B) endotracheal intubation.

C) ventilation with a bag-mask device.

D) insertion of a nasogastric tube.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1422

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1422

48. Cardiac arrest following a narcotic overdose is usually the result of:

A) seizures.

B) renal failure.

C) respiratory arrest.

D) a cardiac dysrhythmia.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1421

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1421

49. The recommended dose and method for administering naloxone to a patient who overdosed on a narcotic and is unresponsive and hypoventilating is:

A) 0.1 mg/kg rapidly until the patient's respirations improve.

B) 0.4 to 2 mg rapidly until the patient regains consciousness.

C) 5 to 10 mg via the endotracheal tube until the pupils dilate.

D) 0.4 to 2 mg slowly until the patient's respirations improve.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1422

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1422

50. Which of the following cardiac rhythm disturbances MOST commonly results from inadvertent overdose of a prescribed cardiac medication?

A) Atrial flutter

B) Bradycardia

C) Tachycardia

D) Atrial fibrillation

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1422, 1424

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1422, 1424

51. Which of the following cardiac medications has a small therapeutic window and the greatest propensity to reach toxic levels?

A) Digoxin

B) Vasotec

C) Cardizem

D) Lisinopril

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1424

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1424

52. Organophosphates exert their effect by:

A) destroying the body's acetylcholine.

B) agonizing the sympathetic nervous system.

C) stimulating the cholinergic nervous system.

D) blocking the parasympathetic nervous system.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1425

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1425

53. Signs and symptoms of organophosphate poisoning include:

A) vomiting.

B) tachycardia.

C) constipation.

D) pupillary dilation.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1425

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1425

54. The toxicity of carbon monoxide arises primarily from:

A) its destructive properties on ferric ions.

B) its affinity for hemoglobin in red blood cells.

C) the fact that carbon monoxide destroys hemoglobin molecules.

D) its ability to markedly decrease the metabolic rate.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1425–1426

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1425–1426

55. Carboxyhemoglobin:

A) is a combination of oxygen and hemoglobin.

B) effectively carries oxygen to the body's cells.

C) is the chemical by-product of cyanide poisoning.

D) is hemoglobin combined with carbon monoxide.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1426

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1426

56. The LEAST common sign or symptom of carbon monoxide toxicity is:

A) nausea and vomiting.

B) cherry red skin color.

C) pallor or cyanosis.

D) roaring sensation in the ears.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1426

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1426

57. Pulse oximetry will not provide a true assessment of arterial oxygenation in patients with carbon monoxide toxicity because:

A) the device falsely interprets oxyhemoglobin as carboxyhemoglobin.

B) carbon monoxide damages the computer chip inside the pulse oximeter.

C) the device cannot determine whether carbon monoxide or oxygen is bound to the hemoglobin.

D) carbon monoxide turns the blood dark red, which indicates low oxygen content.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1426

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58. The MOST important prehospital treatment intervention for a patient with carbon monoxide poisoning is:

A) high-flow oxygen.

B) establishing vascular access.

C) cardiac rhythm monitoring.

D) monitoring pulse oximetry.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1426

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1426

59. With hyperbaric oxygen therapy, carbon monoxide is typically eliminated from the body within:

A) 15 to 20 minutes.

B) 60 to 90 minutes.

C) 90 to 120 minutes.

D) 120 to 240 minutes.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1426

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1426

60. When chlorine gas comes in contact with the body's mucous membranes, it forms:

A) boric acid.

B) a strong alkali.

C) sulfuric acid.

D) hydrochloric acid.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Page: 1427

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1427

61. Upon arriving at the scene of an incident involving a chlorine gas spill, you should:

A) begin triaging all patients.

B) park the ambulance upwind.

C) remove all patients from the scene.

D) don a protective breathing apparatus.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1427

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1427

62. Cyanide blocks the utilization of oxygen at the cellular level by:

A) binding to monoamine oxidase.

B) directly destroying red blood cells.

C) binding to the hemoglobin molecule.

D) combining with cytochrome oxidase.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1427

63. Treatment for cyanide poisoning may include all of the following, EXCEPT:

A) amyl nitrite.

B) methylene blue.

C) calcium gluconate.

D) hydroxocobalamin.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1427–1428

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1427–1428

64. In adult patients, oral ingestion of a caustic substance:

A) is usually intentional.

B) causes immediate death.

C) contraindicates intubation.

D) requires activated charcoal.

Ans: A

Complexity: Moderate

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65. Unlike dermal exposure to a strong acid, dermal exposure to a strong alkali:

A) requires longer irrigation with water because alkalis are less water soluble.

B) should not be treated by irrigation with water as this will worsen the burn.

C) should be neutralized on the skin by applying lemon juice or dilute vinegar.

D) generally causes less damage to the skin because alkalis are water soluble.

Ans: A

Complexity: Moderate

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66. If administered in conjunction with nitrates, sildenafil would MOST likely cause:

A) hypertensive crisis.

B) severe hypotension.

C) coronary vasospasm.

D) ventricular tachycardia.

Ans: B

Complexity: Moderate

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67. Gamma-hydroxybutyrate is MOST commonly used to:

A) induce euphoria.

B) enhance the senses.

C) treat chronic coughing.

D) facilitate sexual assault.

Ans: D

Complexity: Easy

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68. Which of the following statements regarding methyl alcohol is correct?

A) Also referred to as methanol, methyl alcohol is colorless and odorless and requires large amounts to cause toxicity.

B) It is not recognized as a poison, although it has many properties of a poison when consumed in sufficient quantities.

C) Methyl alcohol is also known as wood alcohol, and is present in paints, paint removers, windshield washer fluid, and varnishes.

D) The signs and symptoms of methyl alcohol poisoning typically appear within 15 to 20 minutes following ingestion of as little as 5 to 10 mL.

Ans: C

Complexity: Moderate

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69. The hyperpnea and tachypnea associated with methyl alcohol intoxication is secondary to:

A) hypoxemia.

B) heart failure.

C) metabolic acidosis.

D) an elevated blood pH.

Ans: C

Complexity: Moderate

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Pages: 1431–1432

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1431–1432

70. What is a lethal dose of ethylene glycol in a 190-pound man?

A) 50 mL

B) 120 mL

C) 150 mL

D) 175 mL

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1432

71. A patient who ingested a significant amount of ethylene glycol 6 hours ago would MOST likely present with:

A) slurred speech and ataxia.

B) hypertension and tachycardia.

C) an ethanol odor on the breath.

D) flank pain and absent urination.

Ans: A

Complexity: Moderate

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72. Spray paints and lacquer thinner contain \_\_\_\_\_\_\_\_\_\_, and typically cause \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when they are inhaled recreationally.

A) toluene, hallucinations and mania

B) carbon tetrachloride, CNS depression

C) methylene chloride, pulmonary edema

D) benzene, drunken behavior and dizziness

Ans: A

Complexity: Moderate

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73. Tricyclic antidepressant medications:

A) are the first-line therapy for the treatment of depression.

B) may produce toxic effects with even minimal dosing errors.

C) generally require high doses to achieve a therapeutic effect.

D) are very safe because they have a large therapeutic window.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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74. Which of the following medications is NOT a tricyclic antidepressant?

A) Doxepin

B) Fluoxetine

C) Trimipramine

D) Clomipramine

Ans: B

Complexity: Moderate

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75. Common signs and symptoms of a tricyclic antidepressant overdose include:

A) excessive salivation and diarrhea.

B) tachypnea and severe hypertension.

C) altered mental status and tachycardia.

D) constricted pupils and AV heart block.

Ans: C

Complexity: Moderate

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76. Which of the following is an ECG change that would MOST likely be observed in a patient with tricyclic antidepressant toxicity?

A) Shortened PR interval

B) Terminal R wave in aVR

C) Shortened QT interval

D) High grade AV block

Ans: B

Complexity: Moderate

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77. Which of the following is a sign of severe MAOI toxicity?

A) Dementia

B) Hyperthermia

C) Diaphoresis

D) Hypertension

Ans: B

Complexity: Moderate

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78. Metabolic acidosis, hyperkalemia, and rhabdomyolysis that occurs with MAOI toxicity are usually the result of:

A) acute renal failure.

B) respiratory failure.

C) cardiac dysrhythmias.

D) persistent seizures.

Ans: D

Complexity: Moderate

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79. Which of the following antidepressant medications has the HIGHEST safety margin?

A) Doxepin

B) Imipramine

C) Paroxetine

D) Nortriptyline

Ans: C

Complexity: Moderate

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80. Which of the following statements regarding SSRIs is correct?

A) SSRIs have fewer anticholinergic and cardiac effects than tricyclics.

B) Bradycardia with AV heart block is a hallmark sign of SSRI toxicity.

C) The most popular SSRIs include Pamelor, Zonalon, and Norpramin.

D) They are the least preferred antidepressant because they are cardiotoxic.

Ans: A

Complexity: Moderate

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81. Lithium is MOST commonly used to treat patients with:

A) depression.

B) schizophrenia.

C) chronic anxiety.

D) bipolar disorder.

Ans: D

Complexity: Easy

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82. Inadvertent lithium toxicity would MOST likely occur in a patient who is taking:

A) a tricyclic antidepressant.

B) NSAIDs.

C) SSRIs.

D) any medication used to control blood pressure.

Ans: B

Complexity: Moderate

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83. Severe salicylate toxicity produces:

A) bradypnea.

B) metabolic acidosis.

C) increased pH levels.

D) respiratory acidosis.

Ans: B

Complexity: Moderate

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84. Prehospital treatment for a patient who overdosed on aspirin may include:

A) flumazenil.

B) an antipyretic.

C) calcium chloride.

D) sodium bicarbonate.

Ans: D

Complexity: Moderate

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85. A patient who ingested a significant quantity of acetaminophen less than 24 hours ago would MOST likely present with:

A) malaise, nausea, and a loss of appetite.

B) signs of renal failure and severe vomiting.

C) pain in the right upper abdominal quadrant.

D) flushed skin, high fever, and abdominal pain.

Ans: A

Complexity: Moderate

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86. Death from acetaminophen overdose is MOST often caused by:

A) metabolic alkalosis.

B) acute splenic rupture.

C) progressive liver failure.

D) gastrointestinal bleeding.

Ans: C

Complexity: Moderate

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87. Once in the body, approximately 90% of inorganic lead accumulates in:

A) bone.

B) the liver.

C) the spleen.

D) white blood cells.

Ans: A

Complexity: Moderate

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88. Hematologic manifestations of lead poisoning include:

A) anemia.

B) leukopenia.

C) coagulopathy.

D) polycythemia.

Ans: A

Complexity: Moderate

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89. Which of the following is NOT a common sign of lead poisoning?

A) Irritability

B) Hypotension

C) Hypertension

D) Constipation

Ans: B

Complexity: Moderate

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90. You should be MOST suspicious that a patient has systemic iron toxicity if he or she presents with:

A) bradypnea.

B) hypertension.

C) severe nausea.

D) hematemesis.

Ans: D

Complexity: Moderate

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91. A metallic taste in the mouth, explosive diarrhea, and a skin rash are MOST indicative of:

A) lead poisoning.

B) cyanide poisoning.

C) arsenic poisoning.

D) mercury poisoning.

Ans: C

Complexity: Moderate

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92. The dieffenbachia plant is also referred to as “dumb cane” because:

A) ingestion typically results in death in less than 5 minutes.

B) its leaves are highly toxic to the ears and cause deafness.

C) ingestion can result in the patient being unable to speak.

D) its toxic effects cause stupor, ataxia, and bizarre behavior.

Ans: C

Complexity: Easy

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93. The toxic chemical in castor beans is:

A) ricin.

B) cyanide.

C) lantadene A.

D) caladium oxalate.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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94. The foxglove plant contains \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and can result in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ when it is ingested.

A) lantadene A, renal failure

B) cardiac glycosides, dysrhythmias

C) solanine, severe gastroenteritis

D) caladium oxalate crystals, bradycardia

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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95. The poisonous part of the apricot plant is the \_\_\_\_\_\_\_, which contains \_\_\_\_\_\_\_.

A) leaf, iron

B) root, tyramine

C) bulb, oxalic acid

D) seed, cyanide

Ans: D

Complexity: Moderate

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96. Poisoning with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is MOST often the result of improper food storage or canning.

A) *Listeria*

B) *Salmonella*

C) *Toxoplasma*

D) *Clostridium botulinum*

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1443

97. A young man is found unresponsive by his girlfriend. Your assessment reveals marked respiratory depression; a slow, weak pulse; and pinpoint pupils. There are numerous medication bottles found in his home. Of the following, he has MOST likely ingested:

A) Valium.

B) Sudafed.

C) Benadryl.

D) Oxycodone.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology

Subject: Toxicology

Page: 1404

Feedback: Pathophysiology, page 1404

98. A 45-year-old woman is found unresponsive in an alley. During your assessment, you note that she is tachycardic and breathing rapidly. She has an obvious odor of alcohol on her breath. Your MOST immediate concern should be to:

A) obtain a blood glucose reading.

B) take actions to prevent aspiration.

C) determine the etiology of her tachycardia.

D) start an IV line and administer naloxone.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1411–1412

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1411–1412

99. You are caring for an alcoholic patient who has been abstinent for about 2 days. The patient is confused, restless, and tells you that he sees snakes crawling on the walls. His blood pressure is 76/52 mm Hg, pulse rate is 140 beats/min and weak, and respirations are 24 breaths/min with adequate depth. In addition to administering oxygen, you should:

A) treat his hypotension with crystalloid fluid boluses.

B) administer 6 mg of adenosine to slow his heart rate.

C) sedate him with 5 mg of Valium and transport at once.

D) provide emotional support only and transport immediately.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

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Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1412

100. You are dispatched to an apartment complex for a suicide attempt. While you are en route, an on-scene law enforcement officer advises you that the patient, who is unresponsive, ingested an unknown quantity of an unknown drug. Upon arriving at the scene, you should:

A) identify what the patient took before providing treatment.

B) gain rapid access to the patient and begin your assessment.

C) safely gain access to the patient while looking for an egress route.

D) ask the police officer to bring the patient to the ambulance.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Toxicology

Page: 1409

Feedback: Emergency Medical Care, page 1409

101. You arrive at the scene of an unknown drug-related emergency. Law enforcement is present and has ensured scene safety. The patient, a young female, is found sitting at the kitchen table. She is laughing uncontrollably and tells you, “Life sure is good!” Your partner finds a basin of water and an empty box of baking soda on the counter. You should be MOST suspicious that this patient:

A) is speedballing.

B) has injected heroin.

C) was snorting cocaine.

D) has smoked crack cocaine.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1413

102. You are transporting a patient who is under the influence of methamphetamine. The patient, who is clearly anxious, has a blood pressure of 160/90 mm Hg, a pulse rate of 140 beats/min, and a respiratory rate of 24 breaths/min. The patient suddenly becomes violent and begins thrashing around, trying to get off the stretcher. After asking your partner to stop the ambulance to assist you with the patient, you should:

A) assess his blood glucose level.

B) administer 4 mg/kg of ketamine IM.

C) start an IV line and give him morphine.

D) administer a beta blocker and reassess.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1415

103. During your assessment of a 33-year-old woman who you suspect is under the influence of a drug, the patient tells you that she was “listening to the painting on the wall” before you arrived. Her pulse rate and blood pressure are both elevated. This clinical presentation is MOST consistent with the use of:

A) LSD.

B) PCP.

C) marijuana.

D) methamphetamine.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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104. A 29-year-old woman was found unresponsive by her husband. When you arrive at the scene and begin your assessment, you note that the patient's respirations are slow and shallow, her pulse is slow and weak, and her pupils are dilated. Your partner begins assisting the patient's ventilations as you assess her blood pressure, which is 70/48 mm Hg. The patient's husband hands you an empty bottle of phenobarbital, which was filled the day before, and tells you that his wife takes the medication for seizures. After establishing vascular access, you should:

A) administer crystalloid fluid boluses to improve her blood pressure.

B) give her up to 10 mg of naloxone to reverse the effects of the drug.

C) instruct your partner to hyperventilate the patient at 24 breaths/min.

D) begin a dopamine infusion at 10 µg/kg/min and titrate as needed.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1419

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1419

105. An unresponsive middle-aged man ingested a half-full bottle of Valium approximately 20 minutes ago. His respirations are slow and shallow, his pulse is slow and weak, and his blood pressure is significantly low. The cardiac monitor reveals sinus bradycardia. You should:

A) insert a Combitube, establish vascular access, administer up to 4 liters of normal saline, and give him 0.1 mg/kg of naloxone.

B) administer oxygen via nonrebreathing mask, start an IV line, and give 150 mg of amiodarone to prevent lethal ventricular dysrhythmias.

C) immediately intubate his trachea, hyperventilate him to minimize acidosis, establish vascular access, and administer up to 10 mg of flumazenil.

D) assist his ventilations, administer flumazenil via slow IV push if allowed by protocol, and consider that he likely ingested another type of CNS depressant.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Page: 1420

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1420

106. You are transporting a chronic heroin abuser to whom you have just administered naloxone. The patient is responsive to verbal stimuli, and her respirations, blood pressure, and pulse rate have improved following your treatment. With an estimated time of arrival at the hospital of 20 minutes, which of the following should concern you the MOST?

A) There is a high potential that the patient will suddenly become violent.

B) The patient will require immediate intubation if her respirations decrease.

C) The patient may deteriorate and require further naloxone administration.

D) Low doses of naloxone often precipitate seizures in chronic heroin abusers.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1421–1422

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1421–1422

107. You have administered a total of 10 mg of Narcan to an unresponsive 30-year-old man whom you believe has overdosed on a narcotic. However, the patient remains unresponsive, is hypoventilating, and is bradycardic. Your transport time to the closest appropriate hospital is 40 minutes. You should:

A) insert a nasogastric tube to decompress his stomach, administer another 2 mg of Narcan, and transport.

B) continue assisted ventilation for 2 to 3 minutes, insert an advanced airway device, and transport immediately.

C) insert a laryngeal mask airway, transport at once, and begin an epinephrine infusion en route to the hospital.

D) insert an oropharyngeal airway, continue bag-mask ventilations at a rate of 20 breaths/min, and transport.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

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Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, page 1422

108. A woman drives her husband to your EMS station after he was exposed to a large amount of pesticide. Your assessment reveals that he is responsive to pain only, is hypoventilating, is markedly bradycardic, and is incontinent of urine and feces. The cardiac monitor reveals marked sinus bradycardia. As your partner assists the patient's ventilations, you should:

A) establish vascular access and begin administering atropine sulfate.

B) administer 1 to 2 mg of pralidoxime IM and transport immediately.

C) obtain a 12-lead ECG tracing to detect signs of myocardial injury.

D) start an IV line and give sodium bicarbonate to alkalinize his urine.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1424–1425

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1424–1425

109. You are dispatched to a residence for a 61-year-old woman with flu-like symptoms. Upon your arrival, the patient greets you at the door. She complains of a headache and nausea, and tells you that she has vomited twice. Her husband, who is lying on the couch in the living room, began experiencing the same symptoms at about the same time. You should:

A) remove both patients from the residence at once.

B) immediately open all of the windows in the house.

C) carefully assess the residence for any unusual findings.

D) suspect that both patients have been exposed to cyanide.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1425–1426

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1425–1426

110. A 69-year-old man presents with confusion, a headache, dyspnea, and palpitations after he rescued his two grandchildren from their burning house. During your assessment, you note that he has an odd odor on his breath; however, he denies being diabetic. You should:

A) start an IV line of normal saline and administer 10 mL of a 10% solution of calcium chloride.

B) administer 1 to 2 g of pralidoxime infused with normal saline solution over a 5- to 10-minute period.

C) start an IV line, sedate and chemically paralyze the patient, and then perform endotracheal intubation.

D) have him inhale amyl nitrate for 20 seconds and then 100% oxygen for 40 seconds out of each minute.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1427–1428

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1427–1428

111. A 22-year-old woman experienced an acid chemical burn to her left forearm. She complains of intense pain and tingling in her fingers. She is conscious and alert, and denies any other symptoms. You should:

A) cover the burn and transport at once.

B) begin immediate irrigation with water.

C) apply a light coat of baking soda to the burn.

D) administer oxygen via nonrebreathing mask.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances

Subject: Toxicology

Pages: 1428–1429

Feedback: Pathophysiology, Assessment, and Management of Abuse of and Overdose With Specific Substances, pages 1428–1429

112. You respond to a local motel for a young woman who was sexually assaulted. Upon your arrival, you find the patient sitting on the bed talking to a police officer. The last thing she remembers is meeting “some guy” at a nightclub the evening before and then having a few drinks with him. She is conscious, but sleepy. Her respirations are 12 breaths/min and regular, pulse rate is 56 beats/min and strong, and blood pressure is 102/58 mm Hg. The cardiac monitor reveals sinus bradycardia at 50 to 60 beats/min. You should:

A) assist her ventilations with a bag-mask device, start an IV line, administer 0.5 mg of atropine, and transport.

B) give her supplemental oxygen, conduct a secondary assessment at the scene to collect evidence, and transport her.

C) administer high-flow oxygen, monitor her oxygen saturation, begin transport, and start an IV line en route to the hospital.

D) conclude that she was unknowingly administered a narcotic analgesic, start an IV line, and give her 2 mg of naloxone.

Ans: C

Complexity: Difficult

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113. A known alcoholic man is found unresponsive by a law enforcement officer. An empty container of antifreeze was found near him. Your assessment reveals that his respirations are deep and rapid, his pulse rate is rapid and weak, and his pupils are dilated and sluggishly reactive. As your partner administers high-flow oxygen to the patient, you should:

A) start an IV line and give 1 mEq/mg of sodium bicarbonate.

B) assess his blood glucose level and apply a cardiac monitor.

C) start an IV line and begin administering a saline fluid bolus.

D) give him 100 mg of thiamine IM and assess his blood pressure.

Ans: B

Complexity: Difficult

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114. You are transporting a young female who intentionally ingested a large quantity of her prescribed Pamelor. She is conscious, but drowsy, and complains of a dry mouth and blurred vision. The cardiac monitor reveals sinus tachycardia at 120 beats/min. You are administering high-flow oxygen and have established a patent IV line. With regard to her ECG rhythm, you should be especially alert for:

A) QRS widening.

B) AV heart block.

C) QT interval narrowing.

D) a prolonged PR interval.

Ans: A

Complexity: Moderate

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115. Signs and symptoms of serotonin syndrome include:

A) myoclonus.

B) hypotension.

C) bradycardia.

D) hypothermia.

Ans: A

Complexity: Moderate

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