Import Settings:

Base Settings: Brownstone Default

Information Field: Complexity

Information Field: Ahead

Information Field: Subject

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Information Field: Objective

Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Psychiatric Emergencies - Psychiatric Emergencies - TBNK**

**Multiple Choice**

1. Almost all disoriented behavior:

A) has an underlying physical etiology that may be life threatening.

B) represents a person's effort to adapt to internal or external stress.

C) can be identified and treated definitively in the prehospital setting.

D) is the result of an acute behavioral crisis that requires intervention.

Ans: B

Complexity: Moderate

Ahead: Definition of Behavioral Emergency

Subject: Psychiatric Emergencies

Page: 1452

Feedback: Definition of Behavioral Emergency, page 1452

2. A psychiatric emergency:

A) generally occurs following the use of an illicit drug or excessive consumption of alcohol.

B) is caused by a chemical imbalance in the brain but does not interfere with activities of daily living.

C) exists when a person's abnormal behavior threatens the safety and well-being of himself or herself or others.

D) is generally the result of a short-term emotional crisis that is treated effectively with behavior modification.

Ans: C

Complexity: Moderate

Ahead: Definition of Behavioral Emergency

Subject: Psychiatric Emergencies

Page: 1452

Feedback: Definition of Behavioral Emergency, page 1452

3. A psychotic episode MOST often leads to violence because of:

A) exaggerated fear or paranoia.

B) overreaction of the paramedic.

C) the influence of an illicit drug.

D) the patient's family's reaction.

Ans: A

Complexity: Moderate

Ahead: Definition of Behavioral Emergency

Subject: Psychiatric Emergencies

Page: 1452

Feedback: Definition of Behavioral Emergency, page 1452

4. Many EMS personnel may experience a lack of confidence in their ability to deal with emotional disturbances for all of the following reasons, EXCEPT:

A) the uncontrollable fear of personal injury.

B) the fact that they are action-oriented people.

C) they like to see tangible results of their actions.

D) their training only addresses such issues topically.

Ans: A

Complexity: Moderate

Ahead: Definition of Behavioral Emergency

Subject: Psychiatric Emergencies

Pages: 1452–1453

Feedback: Definition of Behavioral Emergency, pages 1452–1453

5. Organic brain syndrome is a term used to describe a condition in which a person's abnormal behavior is:

A) irreversible and cannot be linked to a physical abnormality or the influence of illicit substances.

B) caused by premature brain cell deterioration that is progressive and cannot be reversed.

C) directly related to an endocrine disturbance that results in the underproduction of key hormones.

D) caused by a physical illness or the influence of a substance that interferes with normal cerebral function.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology

Subject: Psychiatric Emergencies

Page: 1454

Feedback: Pathophysiology, page 1454

6. In contrast to dementia, delirium:

A) generally results from conditions such as Alzheimer disease.

B) is characterized by acute global impairment of cognitive function.

C) is an irreversible process caused by premature cerebral deterioration.

D) is a chronic process that causes deficits in memory and abstract thinking.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1469–1470

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1469–1470

7. Abnormal behavior that stems from a psychosocial etiology would MOST likely occur in a patient who:

A) is under severe stress caused by work.

B) resorts to alcohol to mitigate daily stress.

C) experienced emotional trauma as a child.

D) recently experienced the death of a loved one.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Psychiatric Emergencies

Page: 1454

Feedback: Pathophysiology, page 1454

8. Which of the following conditions would be the LEAST likely to produce psychotic symptoms?

A) Hyperglycemia

B) Closed head injury

C) Thyroid hyperfunction

D) Temporal lobe seizures

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Psychiatric Emergencies

Page: 1454

Feedback: Pathophysiology, page 1454

9. Metabolic causes of abnormal behavior include:

A) diabetic ketoacidosis.

B) vitamin deficiencies.

C) thyroid hyperfunction.

D) amphetamine toxicity.

Ans: A

Complexity: Easy

Ahead: Pathophysiology

Subject: Psychiatric Emergencies

Page: 1454

Feedback: Pathophysiology, page 1454

10. A patient who is confused:

A) cannot recall the events that preceded his or her illness.

B) should be given 50% dextrose to rule out hypoglycemia.

C) can usually be redirected by providing emotional support.

D) has an impaired understanding of his or her surroundings.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

11. Disorders of thought content include all of the following, EXCEPT:

A) phobias.

B) anxiety.

C) delusions.

D) obsessions.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

12. A person who is neologistic:

A) repeats what he or she hears.

B) talks with grossly slurred speech.

C) invents words that have no meaning.

D) has accelerated or pressured speech.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

13. A confused, bedridden resident in a skilled nursing facility who tells you that he or she cooks dinner for the other residents each night:

A) is confabulating.

B) is experiencing delirium.

C) has a disorder of affect.

D) is experiencing echolalia.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

14. When extreme anxiety occurs in conjunction with restlessness, a patient:

A) becomes agitated.

B) is not distractible.

C) often becomes suicidal.

D) presents with a flat affect.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

15. Accelerated thinking in which the mind skips very rapidly from one thought to the next is called:

A) confabulation.

B) circumstantial thinking.

C) perseveration.

D) flight of ideas.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

16. Repetitive actions that are carried out to relieve the anxiety of obsessive thoughts are called:

A) perseverations.

B) compulsions.

C) stereotyped movements.

D) confabulations.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

17. A man who smiles pleasantly when he tells you of the recent death of his wife:

A) is thinking circumstantially.

B) has a disorder of perception.

C) has an inappropriate affect.

D) has delusions of persecution.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

18. While assessing a patient, you ask the patient’s wife, “Ma’am, has your husband ever been hospitalized?” The patient then states, “Ma’am, has you husband ever been hospitalized?” This is an example of:

A) echolalia.

B) confabulation.

C) a neologism.

D) circumstantial thinking.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

19. While assessing a patient, you note that she is making repetitive hand gestures as though she is trying to grasp at something. This is an example of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ movements.

A) obsessive

B) compulsive

C) circumstantial

D) stereotyped

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1456

Feedback: Patient Assessment, page 1456

20. The outward expression of a person’s inner feelings is called:

A) mood.

B) affect.

C) thought.

D) behavior.

Ans: B

Complexity: Easy

Ahead: Pathophysiology

Subject: Psychiatric Emergencies

Page: 1455

Feedback: Pathophysiology, page 1455

21. At a minimum, you should be able to assess an emotionally disturbed patient's:

A) ability to recall.

B) blood pressure.

C) blood sugar level.

D) general appearance.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1457

Feedback: Patient Assessment, page 1457

22. When evaluating a patient with a behavioral emergency, virtually all of the diagnostic information you obtain must come from:

A) the medical history.

B) the patient's family members.

C) your conversation with the patient.

D) the patient's general mood and affect.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1459

Feedback: Patient Assessment, page 1459

23. If a patient with a behavioral emergency misperceives reality, you should:

A) disagree and correct the patient's perception.

B) avoid arguing about the patient's misperception.

C) conclude that he or she is suffering from schizophrenia.

D) agree with the patient to facilitate his or her cooperation.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1461

Feedback: Emergency Medical Care, page 1461

24. When asking an emotionally disturbed patient a series of questions, you should:

A) keep your questions as indirect as you possibly can.

B) simplify the process by asking closed-ended questions.

C) try to ask questions that can be answered with a yes or no.

D) use words such as “how” and “what” whenever possible.

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1461

Feedback: Emergency Medical Care, page 1461

25. Detecting disorders of perception is often difficult because:

A) patients are often hesitant to answer direct questions regarding hallucinations or illusions.

B) patients experiencing a behavioral emergency are generally agitated and uncooperative.

C) the paramedic's line of questioning is often too difficult or impossible for the patient to understand.

D) it is often difficult for the paramedic to determine the patient's baseline level of mentation.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1459

Feedback: Patient Assessment, page 1459

26. Which of the following drugs would MOST likely be the safest to use for a patient with aggressive and dangerous behavior secondary to methamphetamine use?

A) Ativan

B) Haldol

C) Droperidol

D) Ziprasidone

Ans: A

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Pages: 1465–1466

Feedback: Emergency Medical Care, page 1465–1466

27. Which of the following assessment findings is MOST suggestive of an organic cause of abnormal behavior?

A) Multiple tattoos

B) Unusual breath odor

C) Skin that is cool and dry

D) Auditory hallucinations

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1460

Feedback: Patient Assessment, page 1460

28. Which of the following is NOT a general guideline to follow when caring for a patient with a psychiatric problem?

A) Be indirect when possible.

B) Provide honest reassurance.

C) Remain confident in your abilities.

D) Maintain a nonjudgmental attitude.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1462

Feedback: Emergency Medical Care, page 1462

29. Which of the following steps of caring for a patient with a psychiatric emergency would MOST likely give the patient the feeling that something is being done to help?

A) Asking direct questions

B) Encouraging the patient to talk

C) Remaining calm and confident

D) Developing a specific plan

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1462

Feedback: Emergency Medical Care, page 1462

30. Disorganization and disorientation:

A) are clinical presentations that are most common in younger patients.

B) reinforce the fact that the patient's problem is psychiatric in nature.

C) are ways that certain psychiatric conditions may present themselves.

D) are presentations that represent a relatively small number of EMS calls.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1467

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1467

31. In anxiety disorders, the dominant moods are:

A) anger and agitation.

B) confusion and apathy.

C) euphoria and elation.

D) fear and apprehension.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1474

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1474

32. Generalized anxiety disorder is characterized by:

A) symptoms for at least 1 month.

B) persistent and unproductive worrying.

C) feelings of grandeur and inattentiveness.

D) unreasonable fear of a particular situation.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1474

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1474

33. When confronted with a feared object or situation, the phobic person:

A) experiences intolerable anxiety and autonomic symptoms.

B) truly believes that his or her fear is completely reasonable.

C) is usually able to mitigate his or her fear with redirection.

D) typically becomes catatonic and unable to communicate.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1474

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1474

34. Which of the following statements about panic disorder is correct?

A) Panic disorder is characterized by sudden, unexpected fear and dread.

B) Most initial panic attacks occur without a known precipitating stressor.

C) Men are two-thirds more likely to experience panic disorder than women.

D) Panic disorder is a random disorder that usually does not run in the family.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1475

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1475

35. Common signs and symptoms of a panic attack include all of the following, EXCEPT:

A) trembling and parasthesias.

B) a sensation of being smothered.

C) a prolonged loss of consciousness.

D) nausea and abdominal discomfort.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1475

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1475

36. When caring for a patient who is experiencing a panic attack:

A) beta blockers are typically used to control tachycardia.

B) you should move the patient to the ambulance quickly.

C) your manner must convey that everything is under control.

D) a benzodiazepine should be administered as soon as possible.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1475

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1475

37. Which of the following words would MOST likely de-escalate the symptoms of a panic attack to a more manageable level?

A) Safe

B) Care

C) Help

D) Relax

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1475

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1475

38. Any patient who is experiencing a panic attack:

A) should rebreathe his or her carbon dioxide from a paper bag.

B) must be given high-flow oxygen with a nonrebreathing mask.

C) should be presumed to have experienced a recent stressful event.

D) should be evaluated to rule out an underlying medical condition.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1475–1476

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1475–1476

39. Which of the following scenarios is MOST indicative of posttraumatic stress disorder?

A) An advanced EMT student who has a morbid fear of needles experiences a syncopal episode during IV skills practice during class.

B) A paramedic whose son was struck and killed by a car becomes acutely anxious upon arriving at the scene of a motor-vehicle-versus-pedestrian incident.

C) An elderly woman who is afraid of losing her independence becomes agitated when being told that she is being admitted to a skilled nursing care facility.

D) An experienced paramedic who had a nightmare regarding a case of sudden infant death syndrome cries at the scene of a cardiac arrest involving an infant.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Psychiatric Emergencies

Page: 1455

Feedback: Pathophysiology, page 1455

40. Which medical condition is associated with an increased risk of death following administration of an antipsychotic medication?

A) Seizures

B) Dementia

C) Lung disease

D) Hypertension

Ans: B

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1466

Feedback: Emergency Medical Care, page 1466

41. Which of the following medications would MOST likely cause prolongation of the QT interval?

A) Inapsine

B) Ketamine

C) Midazolam

D) Geodon

Ans: A

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1466

Feedback: Emergency Medical Care, page 1466

42. Following the administration of haloperidol, your patient’s body becomes rigid and he is extremely restless. What should you suspect?

A) Allergic reaction

B) Long QT syndrome

C) Extrapyramidal reaction

D) Drug-induced catatonia

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1466

Feedback: Emergency Medical Care, page 1466

43. Patients who alternate between mania and depression:

A) are referred to as bipolar.

B) present with a flat affect.

C) have multiple personalities.

D) have a history of schizophrenia.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1472

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1472

44. Signs and symptoms of depression that last for at least 2 years:

A) are typical of major depressive disorder.

B) require long-term hospitalization to treat.

C) are typically not associated with anxiety.

D) are highly suggestive of dysthymic disorder.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1473

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1473

45. A small percentage of clinically depressed patients:

A) complain of persistent anorexia.

B) may report an increased appetite.

C) experience guilt and self-reproach.

D) have pervasive thoughts of suicide.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1473–1474

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1473–1474

46. Psychomotor abnormalities associated with depression include:

A) a flat affect.

B) distractibility.

C) fatigue and insomnia.

D) agitation and pacing.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1474

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1474

47. Side effects of MAOI antidepressants include:

A) hypersomnia.

B) acute bradycardia.

C) suicidal behavior.

D) orthostatic hypotension.

Ans: D

Complexity: Easy

Ahead: Medications for Psychiatric Disorders and Behavioral Emergencies

Subject: Psychiatric Emergencies

Page: 1479

Feedback: Medications for Psychiatric Disorders and Behavioral Emergencies, page 1479

48. Which of the following drugs is an MAOI?

A) Elavil

B) Parnate

C) Sinequan

D) Pamelor

Ans: B

Complexity: Difficult

Ahead: Medications for Psychiatric Disorders and Behavioral Emergencies

Subject: Psychiatric Emergencies

Page: 1478

Feedback: Medications for Psychiatric Disorders and Behavioral Emergencies, page 1478

49. A patient who is taking Aventyl:

A) may have nonspecific T-wave changes on the ECG.

B) is usually hospitalized for debilitating, chronic depression.

C) can safely take an MAOI drug at the same time.

D) responds better than he or she will respond to treatment with a tricyclic antidepressant.

Ans: A

Complexity: Moderate

Ahead: Medications for Psychiatric Disorders and Behavioral Emergencies

Subject: Psychiatric Emergencies

Pages: 1478–1479

Feedback: Medications for Psychiatric Disorders and Behavioral Emergencies, pages 1478–1479

50. Which of the following is NOT an identified risk factor for suicide?

A) Financial setback or loss of a job

B) A sudden improvement in depression

C) Hispanic woman older than 55 years of age

D) Recent loss of a significant relationship

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1470

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1470

51. Many paramedics are reluctant to broach the subject of suicide with a depressed patient for fear that:

A) they might put ideas into the patient's head.

B) the patient may become violent and homicidal.

C) the patient will be offended by such a question.

D) the patient will become even more depressed.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1470

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1470

52. Which of the following questions would be the MOST appropriate initial question to ask when broaching the subject of suicide with a depressed patient?

A) “Did you ever feel that you'd be better off dead?”

B) “Have you ever thought of causing harm to yourself?”

C) “Do you have the means to carry out a suicide attempt?”

D) “Have you ever thought that life wasn't worth living?”

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1470

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1470

53. The MOST important aspect in the care of a patient who is at risk for suicide is:

A) identifying the patient's plan.

B) never leaving the patient alone.

C) acknowledging the patient's feelings.

D) eliciting the help of family members.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1470–1471

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1470–1471

54. Manic patients may report that their thoughts are racing and they may rapidly skip from one topic to another. This is called:

A) confabulation.

B) tangential thinking.

C) circumstantial thinking.

D) thought broadcasting.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1473

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1473

55. A hallmark sign of mania is:

A) speech retardation.

B) persistent insomnia.

C) memory distortion.

D) an elated affect.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1472–1473

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1472–1473

56. When a person has a personality disorder:

A) the disorder most often stems from fear.

B) the paramedic can influence the patient easily.

C) another psychiatric illness typically is present.

D) medication therapy generally is not indicated.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1478

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1478

57. An agitated man with an antisocial personality:

A) will not think twice about hurting you.

B) is at highest risk for suicidal behavior.

C) may be demanding and dictate your care.

D) has a morbid fear of crowded environments.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1478

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1478

58. People who are overly concerned with their physical health and appearance MOST likely have a:

A) somatoform disorder.

B) dissociative disorder.

C) personality disorder.

D) compulsive disorder.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1476

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1476

59. In hypochondriasis, patients have significant anxiety or fear that they:

A) will attempt to hurt others.

B) may have a serious disease.

C) are being undermedicated.

D) will go to sleep and not awake.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1476

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1476

60. A patient is very demanding and is trying to dictate the care that you provide to him. This is characteristic of a(n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personality.

A) multiple

B) antisocial

C) histrionic

D) depressed

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1478

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1478

61. Unlike a person with bulimia nervosa, a person with anorexia nervosa:

A) is less likely to experience problems related to electrolyte imbalance.

B) commonly describes his or her eating disorder as “out of control.”

C) experiences weight loss that may cause poor health or even death.

D) compensates for binge eating by using various purging methods.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1476

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1476

62. The BEST example of an impulse control disorder is:

A) stealing.

B) pathologic gambling.

C) uncontrollable worrying.

D) obsessing over one's health.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1477

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1477

63. Which of the following statements regarding schizophrenia is correct?

A) Although schizophrenia is a complex disorder, it is easily treated.

B) Social influences have not been shown to contribute to schizophrenia.

C) The typical onset of schizophrenia occurs during early adulthood.

D) In schizophrenia, dysfunctional symptoms become less prominent over time.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1474

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1474

64. A state of delusion in which a person is out of touch with reality is MOST appropriately termed:

A) psychosis.

B) derealization.

C) schizophrenia.

D) tangential thinking.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1467

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1467

65. An acute dystonic reaction is characterized by:

A) a sudden catatonic state that results from oversedation with drugs such as Zyprexa and Mellaril.

B) intermittent explosive behavior after a person suddenly stops taking medications for schizophrenia.

C) dry mouth, blurred vision, and cardiac dysrhythmias following treatment with a neuroleptic drug.

D) muscle spasms of the neck, face, and back within a few days of starting treatment with an antipsychotic drug.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1480

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1480

66. If a psychotic person's level of consciousness is fluctuating, you should:

A) administer 25 g of dextrose.

B) immediately assess blood pressure.

C) consider administering haloperidol.

D) suspect an organic brain syndrome.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1468

67. A psychotic person may have thought insertions, which are defined as:

A) a gross distortion of your comments into what he or she believes to be true.

B) the belief that thoughts are being thrust into his or her mind by another person.

C) the fear that his or her thoughts are being broadcast aloud and heard by others.

D) strange or pressured speech because of unusual words the patient has invented.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1469

68. When caring for a patient experiencing a psychotic episode, you should:

A) involve people the patient trusts.

B) be calm, direct, and straightforward.

C) first assess the situation for danger.

D) clearly identify yourself to the patient.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Page: 1469

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1469

69. The BEST way to ensure that no one is harmed during an EMS call is to:

A) ensure that all EMS providers wear body armor.

B) assess the potential for violence on every EMS call.

C) stand to the side of the patient's door when knocking.

D) routinely ask the police to respond to the scene with you.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1457

Feedback: Patient Assessment, page 1457

70. Which of the following conditions has been associated with death following exposure to a TASER device?

A) Excited delirium

B) Rhabdomyolysis

C) Spinal cord injury

D) Electrocution injury

Ans: A

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1467

Feedback: Emergency Medical Care, page 1467

71. You are dispatched to a residence for a patient who has overdosed. You immediately recognize the address as that of a patient with a known psychiatric condition. Law enforcement is at the scene and has ensured its safety. When you arrive and enter the residence, you find the patient, a man in his mid-20s, sitting on the floor. He is conscious and appears anxious. Which of the following questions should you ask the patient FIRST?

A) “How are you feeling right now?”

B) “What medication did you take?”

C) “Did you attempt to kill yourself?”

D) “How long ago did this happen?”

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Pages: 1460–1461

Feedback: Emergency Medical Care, pages 1460–1461

72. You are assessing a 34-year-old woman who appears to be depressed. You were summoned to see the patient by her husband, who tells you that she won't talk to him. During your interview of the patient, which of the following questions or comments would MOST likely yield a response from the patient?

A) “You appear to be very sad.”

B) “Do you want to hurt anyone?”

C) “Are you under psychiatric care?”

D) “Are you mad at your husband?”

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Pages: 1460–1461

Feedback: Emergency Medical Care, pages 1460–1461

73. You receive a call to an apartment complex for a patient with an unknown behavioral problem. The scene has been secured by law enforcement prior to your arrival. The patient, a 39-year-old man, appears very anxious and worried. He tells you that he has obsessive-compulsive disorder and stopped taking his prescribed medication a week ago because he did not like its side effects. He tells you that he has had fleeting thoughts of suicide, but denies homicidal thoughts. You should:

A) tell him that stopping his medications abruptly could result in death.

B) transport him to the hospital and ask a police officer to accompany you.

C) safely transport him to the hospital and monitor his behavior en route.

D) make contact with his psychiatrist to apprise him or her of the situation.

Ans: C

Complexity: Difficult

Ahead: Patient Assessment

Subject: Psychiatric Emergencies

Page: 1460

Feedback: Patient Assessment, page 1460

74. You are assessing a middle-aged woman who is acutely disoriented. According to her husband, she has bipolar disorder and, to the best of his knowledge, has been compliant with her medication. Her blood pressure is 106/66 mm Hg, pulse rate is 100 beats/min and strong, and respirations are 14 breaths/min and regular. During your care of this patient, it is MOST important to:

A) establish vascular access and administer naloxone.

B) assess her oxygen saturation and blood glucose level.

C) attempt to assist her breathing with a bag-mask device.

D) ask her simple questions that can be answered yes or no.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Page: 1460

Feedback: Emergency Medical Care, page 1460

75. A 50-year-old woman called 9-1-1 after she was suddenly awakened in the middle of the night with the feeling that she was being smothered. Your assessment reveals that she is clearly anxious, is trembling, and complains of chest pain and numbness and tingling to her face and hands. Her blood pressure is 168/96 mm Hg, pulse rate is 140 beats/min, and respirations are 30 breaths/min. Her medications include Xanax, Lipitor, and Vasotec. The MOST appropriate treatment for this patient includes:

A) applying a nonrebreathing mask with the flow rate set at 2 L/min, assessing her blood glucose level, administering diazepam for sedation, and transporting her without lights and siren.

B) attempting to regulate her breathing by asking her to hold her breath, assessing her end-tidal carbon dioxide level, administering 1 µg/kg of fentanyl IM for sedation, and transporting.

C) applying a cardiac monitor, establishing vascular access and administering adenosine, administering oxygen via nasal cannula, considering a beta adrenergic antagonist to lower her blood pressure, and transporting.

D) coaching her to slow her breathing, monitoring her oxygen saturation and end-tidal carbon dioxide levels, administering supplemental oxygen, assessing her cardiac rhythm, establishing vascular access, and transporting.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1474–1475

Feedback: Emergency Medical Care, page 1474–1475

76. During your assessment of an unresponsive 70-year-old man, the patient's wife tells you that he takes escitalopram (Lexapro) and buspirone (Buspar), among other medications. From this limited information, you should conclude that the patient suffers from:

A) bipolar disorder.

B) paranoid schizophrenia.

C) chronic manic behavior.

D) depression and anxiety.

Ans: D

Complexity: Moderate

Ahead: Medications for Psychiatric Disorders and Behavioral Emergencies

Subject: Psychiatric Emergencies

Page: 1479

Feedback: Medications for Psychiatric Disorders and Behavioral Emergencies, page 1479

77. A 41-year-old woman attempted to kill herself by cutting her wrists. Law enforcement personnel are at the scene. You have controlled the bleeding with direct pressure and a pressure bandage. The patient's vital signs are stable and she is conscious and alert; however, she refuses to go to the hospital. Despite pleas from her family to go to the hospital, she still refuses. You should:

A) respect her wishes because she is coherent, but leave her with a trusted family member.

B) use reasonable force to physically restrain the patient, administer a sedative, and transport.

C) remain with the patient, contact medical control, and request law enforcement intervention.

D) contact medical control and advise him or her that you will be transporting the patient against her will.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1470–1471

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1470–1471

78. You are dispatched to a skilled nursing care facility for a 74-year-old male resident who is ill. During your assessment, you note that the patient has his head cocked to the side and is unable to move it. The charge nurse tells you that the patient was placed on Seroquel 2 days ago. Based on this patient's clinical presentation and medication history, you should:

A) administer 25 to 50 mg of diphenhydramine.

B) suspect that the patient has catatonic schizophrenia.

C) establish vascular access and administer naloxone.

D) expect to find that his blood sugar level is elevated.

Ans: A

Complexity: Moderate

Ahead: Medications for Psychiatric Disorders and Behavioral Emergencies

Subject: Psychiatric Emergencies

Page: 1480

Feedback: Medications for Psychiatric Disorders and Behavioral Emergencies, page 1480

79. Law enforcement personnel request your assistance in caring for a violent patient. When you arrive at the scene, the patient, a 48-year-old man, is yelling obscenities and is threatening to kill anyone who comes near him. Despite your attempts to calm him verbally, he continues his threatening behavior. It is MOST important for you to:

A) ensure that you have a route for rapid egress and visually scan the patient for potential weapons.

B) utilize at least four people to physically restrain the patient so you can administer haloperidol.

C) leave the scene immediately and allow law enforcement personnel to take control of the situation.

D) ask law enforcement to immobilize the patient with a TASER so you can assess his blood glucose level.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

Pages: 1471–1472

Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, pages 1471–1472

80. You are transporting a 22-year-old woman whose violent behavior required physical restraint. A law enforcement officer is in the back of the ambulance with you. The patient tells you that she is sorry for her behavior and did not mean to take it out on you and your partner. You should:

A) loosen the restraints if the patient promises to cooperate with you.

B) continue to talk to the patient and monitor her peripheral circulation.

C) administer droperidol intramuscularly and then remove the restraints.

D) tell the patient that her behavior is inexcusable and keep her restrained.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Psychiatric Emergencies

Pages: 1463–1464

Feedback: Emergency Medical Care, pages 1463–1464

81. A patient is speaking rapidly, skipping from one irrelevant topic to another. This is an example of:

A) confabulation.

B) perseveration.

C) tangential thinking.

D) circumstantial thinking.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Emergencies

Subject: Psychiatric Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Specific Emergencies, page 1473