Import Settings:

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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: Geriatric Emergencies - Geriatric Emergencies - TBNK**

**Multiple Choice**

1. At the present time, the ratio of caregivers to older people is:

A) low.

B) high.

C) adequate.

D) increasing consistently.

Ans: A

Complexity: Easy

Ahead: Introduction

Subject: Geriatric Emergencies

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Feedback: Introduction, page 2207

2. Following retirement, many older people:

A) experience a rapid decline in their underlying health and become incapacitated within 12 months.

B) often experience an improvement in their overall health because the stress of working has been eliminated.

C) return to work within 6 months because their retirement pension does not support them adequately.

D) commonly experience decreased self-esteem because they no longer feel useful or productive in society.

Ans: D

Complexity: Moderate

Ahead: Introduction

Subject: Geriatric Emergencies

Page: 2207

Feedback: Introduction, page 2207

3. Aging is a linear process, which means that:

A) the older we get, the faster our bodies decline in function.

B) the rate at which we lose functions does not increase with age.

C) older people exhibit the cumulative results of a longer aging process.

D) older adults experience decreased functions faster than younger adults.

Ans: B

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2208

Feedback: Geriatric Anatomy and Physiology, page 2208

4. Which of the following statements regarding aging is correct?

A) Although aging causes various anatomic changes, physiologic functions generally remain intact.

B) Health care providers may attribute genuine disease symptoms to age, resulting in inadequate care.

C) All of the tissues and organs in the human body undergo the effects of aging at the same rate.

D) Health care providers typically recognize the normal changes of aging and tend not to render unnecessary care.

Ans: B

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2208

Feedback: Geriatric Anatomy and Physiology, page 2208

5. The heart hypertrophies with age, MOST likely in response to:

A) a progressive increase in preload and chronic myocardial stretching.

B) left-sided heart failure that results in chronic pulmonary hypertension.

C) a chronically increased afterload caused by arteriosclerotic blood vessels.

D) a significant decline in cardiac output due to a reduction in stroke volume.

Ans: C

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

6. An increase in blood pressure that commonly occurs with aging is physiologically exacerbated by:

A) a compensatory increase in preload and cardiac ejection fraction.

B) a decrease in stroke volume due to age-induced cardiomyopathy.

C) an overproduction of collagen and decreased quantities of elastin.

D) the patient's noncompliance with his or her antihypertensive drugs.

Ans: C

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

7. A decreased number of pacemaker cells in the sinoatrial node would MOST likely contribute to a decline in cardiac output secondary to:

A) heart block.

B) bradycardia.

C) tachycardia.

D) atrial fibrillation.

Ans: B

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

8. Decreased elasticity of the lungs and calcification of the costochondral cartilage results in:

A) an increase in residual lung volume.

B) a significant increase in vital capacity.

C) a decrease in airway size and resistance.

D) a decrease in the total amount of air in the lungs.

Ans: A

Complexity: Easy

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Pages: 2208–2209

Feedback: Geriatric Anatomy and Physiology, pages 2208–2209

9. Elderly patients experience a slower physiologic response to hypoxemia and hypercarbia because of:

A) decreased sensitivity to changes in arterial blood content.

B) a chronically elevated partial pressure of carbon dioxide.

C) an increased PaO2 due to a natural increase in respirations.

D) failure of the baroreceptors to detect blood pressure changes.

Ans: A

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

10. An elderly person is at increased risk for aspiration, primarily from:

A) atrophy of the epiglottis.

B) a decreased ability to swallow.

C) slowing of the ciliary mechanisms.

D) decreased cough and gag reflexes.

Ans: D

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

11. Aging kidneys have a decreased glomerular filtration rate, which predisposes an older person to all of the following conditions, EXCEPT:

A) hyperkalemia.

B) hypernatremia.

C) profound dehydration.

D) acute volume overload.

Ans: C

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2212

Feedback: Geriatric Anatomy and Physiology, page 2212

12. When elderly patients are prescribed medications, the risk for drug toxicity increases because of:

A) an increase in the glomerular filtration rate.

B) age-related changes in hepatic enzyme systems.

C) the presence of chronic conditions, such as diabetes.

D) an increase in the production of antidiuretic hormone.

Ans: B

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2212

Feedback: Geriatric Anatomy and Physiology, page 2212

13. Which of the following may you be the LEAST likely to observe in a 90-year-old patient with a severe infection?

A) Fever

B) Weakness

C) Loss of appetite

D) Altered mentation

Ans: A

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2212

Feedback: Geriatric Anatomy and Physiology, page 2212

14. When assessing an unresponsive older person's airway, it is MOST important to remember that:

A) delayed gastric emptying increases the risk of aspiration.

B) age-related tooth loss may cause obstruction of the airway.

C) a marked reduction in saliva causes dryness of the oral mucosa.

D) the head should not be extended due to weakened cervical vertebrae.

Ans: A

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2211

Feedback: Geriatric Anatomy and Physiology, page 2211

15. Therapeutic doses of certain drugs may reach toxic levels in older people due to deterioration of the:

A) liver.

B) spleen.

C) gallbladder.

D) intestinal tract.

Ans: A

Complexity: Easy

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2212

Feedback: Geriatric Anatomy and Physiology, page 2212

16. Aging brings a widespread decrease in bone mass, especially:

A) in postmenopausal women.

B) in men over 50 years of age.

C) if the person falls frequently.

D) in the presence of hypertension.

Ans: A

Complexity: Easy

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2213

Feedback: Geriatric Anatomy and Physiology, page 2213

17. Which of the following central nervous system functions does NOT change as a person ages?

A) Postural stability

B) Cognitive speed

C) Memory retrieval

D) Intelligence level

Ans: D

Complexity: Easy

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2210

Feedback: Geriatric Anatomy and Physiology, page 2210

18. When assessing an older person, you should remember that it is common for him or her to:

A) slur his or her words.

B) present with hemiparesis.

C) respond slowly to questions.

D) not understand your questions.

Ans: C

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Pages: 2210–2211

Feedback: Geriatric Anatomy and Physiology, pages 2210–2211

19. MOST age-related visual disturbances are the result of:

A) diabetic retinopathy.

B) cataracts or glaucoma.

C) macular degeneration.

D) retinal artery occlusion.

Ans: B

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2210

Feedback: Geriatric Anatomy and Physiology, page 2210

20. Presbycusis is defined as:

A) a progressive loss of hearing, particularly in the low frequencies, which explains why the television is turned up.

B) an acute hearing impairment caused by idiopathic rupture of the tympanic membrane in the middle part of the ear.

C) a degenerative condition in which the person experiences difficulty hearing both low and high frequency sounds.

D) loss of high-frequency sounds and the inability to differentiate a particular sound from background noise.

Ans: D

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2210

Feedback: Geriatric Anatomy and Physiology, page 2210

21. Typical signs and symptoms of Ménière disease include all of the following, EXCEPT:

A) vertigo.

B) tinnitus.

C) otorrhea.

D) hearing loss.

Ans: C

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2211

Feedback: Geriatric Anatomy and Physiology, page 2211

22. Impaired proprioception predisposes an elderly person to:

A) falls.

B) skin tears.

C) depression.

D) hearing loss.

Ans: A

Complexity: Easy

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2211

Feedback: Geriatric Anatomy and Physiology, page 2211

23. Physiologic age-related decreases in skin elasticity are the result of:

A) decreased collagen and elastin production.

B) chronic use of corticosteroid medications.

C) slower replenishment of epidermal cells.

D) frequent fungal or viral skin infections.

Ans: A

Complexity: Easy

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Pages: 2212–2213

Feedback: Geriatric Anatomy and Physiology, pages 2212–2213

24. Due to the process of aging, an elderly person commonly experiences:

A) increased thirst.

B) moderate hyperglycemia.

C) increased insulin secretion.

D) high fever with a minor illness.

Ans: B

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2213

Feedback: Geriatric Anatomy and Physiology, page 2213

25. Failure of the heart's primary pacemaker and the development of alternate pacemakers in the atria would MOST likely result in:

A) junctional rhythms.

B) atrioventricular block.

C) ventricular ectopy.

D) atrial fibrillation.

Ans: D

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

26. Which of the following conditions is the older patient at greatest risk for?

A) Chronic hypotension

B) Rheumatoid arthritis

C) Peripheral vascular disease

D) Acute myocardial infarction

Ans: C

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

27. Which of the following cardiac dysrhythmias is associated with the highest risk of stroke?

A) AV heart block

B) Sinus tachycardia

C) Junctional rhythm

D) Atrial fibrillation

Ans: D

Complexity: Moderate

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

28. Which of the following conditions would MOST likely impair pulmonary function by limiting lung volume and maximal inspiratory pressure?

A) Asthma

B) Kyphosis

C) Spondylosis

D) Osteoporosis

Ans: B

Complexity: Easy

Ahead: Geriatric Anatomy and Physiology

Subject: Geriatric Emergencies

Page: 2209

Feedback: Geriatric Anatomy and Physiology, page 2209

29. Hypertensive emergencies in the geriatric population:

A) require a controlled decline in blood pressure that often cannot be achieved in the prehospital setting.

B) can cause a ruptured cerebral or aortic aneurysm and should be treated in the field with antihypertensives.

C) are relatively uncommon owing to increased elasticity of the blood vessels, which facilitates vasodilation.

D) are typically treated in the prehospital setting with beta-blocker medications or a slow nitroglycerin infusion.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Cardiovascular Conditions

Subject: Geriatric Emergencies

Page: 2222

Feedback: Pathophysiology, Assessment, and Management of Cardiovascular Conditions, page 2222

30. Which of the following is the MOST common respiratory infection that causes death in the elderly population?

A) *Pneumocystis carinii*

B) Respiratory syncytial virus

C) *Pneumococcus* bacteria

D) *Mycobacterium* tuberculosis

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Respiratory Conditions

Subject: Geriatric Emergencies

Page: 2220

Feedback: Pathophysiology, Assessment, and Management of Respiratory Conditions, page 2220

31. The risk of a pulmonary embolus increases with age because of:

A) increased immobility.

B) chronic use of aspirin.

C) frequent lung infections.

D) drug-induced bradycardia.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Respiratory Conditions

Subject: Geriatric Emergencies

Page: 2221

Feedback: Pathophysiology, Assessment, and Management of Respiratory Conditions, page 2221

32. The MOST common risk factor for the development of type 2 diabetes in people over 65 years of age is:

A) poor dietary habits and a sedentary lifestyle.

B) frequent infections that do not heal properly.

C) hypertension of longer than 5 years' duration.

D) the presence of more than one chronic disease.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Endocrine Conditions

Subject: Geriatric Emergencies

Page: 2230

Feedback: Pathophysiology, Assessment, and Management of Endocrine Conditions, page 2230

33. Which of the following disease processes would MOST likely present with signs and symptoms that mimic those seen with normal aging?

A) Type 2 diabetes

B) Hypothyroidism

C) Thyrotoxicosis

D) Hyperglycemia

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Endocrine Conditions

Subject: Geriatric Emergencies

Page: 2231

Feedback: Pathophysiology, Assessment, and Management of Endocrine Conditions, page 2231

34. The relatively high use of nonsteroidal anti-inflammatory drugs by older patients predisposes them to:

A) constipation.

B) cholelithiasis.

C) mesenteric ischemia.

D) peptic ulcer disease.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Conditions

Subject: Geriatric Emergencies

Page: 2227

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Conditions, page 2227

35. Kyphosis is characterized by:

A) cartilage degeneration.

B) vertebral disc compression.

C) a hunchback appearance.

D) lateral curvature of the spine.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Musculoskeletal Conditions

Subject: Geriatric Emergencies

Page: 2236

Feedback: Pathophysiology, Assessment, and Management of Musculoskeletal Conditions, page 2236

36. Type I osteoporosis tends to progress more rapidly in:

A) postmenopausal women.

B) the lower extremity bones.

C) males over 60 years of age.

D) patients with excess calcium.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Musculoskeletal Conditions

Subject: Geriatric Emergencies

Page: 2236

Feedback: Pathophysiology, Assessment, and Management of Musculoskeletal Conditions, page 2236

37. Delirium is MOST accurately defined as:

A) an acute alteration in mentation that indicates an underlying condition.

B) any alteration in cognitive function that may or may not be reversible.

C) a pattern of disorganized thinking that progresses over several weeks.

D) an altered mental status that is caused by structural damage to the brain.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Neurologic Conditions

Subject: Geriatric Emergencies

Pages: 2223–2224

Feedback: Pathophysiology, Assessment, and Management of Neurologic Conditions, pages 2223–2224

38. In contrast to delirium, dementia is:

A) often caused by conditions such as poisonings and infection.

B) an acute state of confusion that may last for up to 1 week.

C) often reversible if the underlying cause is identified rapidly.

D) a progressive disease that produces irreversible brain failure.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Neurologic Conditions

Subject: Geriatric Emergencies

Page: 2225

Feedback: Pathophysiology, Assessment, and Management of Neurologic Conditions, page 2225

39. Which of the following statements regarding Alzheimer disease is NOT correct?

A) Alzheimer disease is likely not a part of the normal process of aging.

B) Age alone is thought to be the underlying cause of Alzheimer disease.

C) The symptoms of Alzheimer disease are generally obvious at its onset.

D) Common signs of Alzheimer disease include paranoia and delusions.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Neurologic Conditions

Subject: Geriatric Emergencies

Pages: 2225–2226

Feedback: Pathophysiology, Assessment, and Management of Neurologic Conditions, pages 2225–2226

40. Resting tremor of an extremity and bradykinesia are associated with:

A) vascular dementia.

B) focal motor seizures.

C) Parkinson disease.

D) Alzheimer disease.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Neurologic Conditions

Subject: Geriatric Emergencies

Page: 2226

Feedback: Pathophysiology, Assessment, and Management of Neurologic Conditions, page 2226

41. Adverse drug reactions in elderly people are the result of:

A) partial digestion secondary to delayed gastric emptying.

B) changes in body composition and an increase in body water.

C) changes in drug metabolism due to diminished hepatic function.

D) increased drug elimination due to decreased antidiuretic hormone.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Toxicologic Conditions

Subject: Geriatric Emergencies

Page: 2232

Feedback: Pathophysiology, Assessment, and Management of Toxicologic Conditions, page 2232

42. Polypharmacy is MOST accurately defined as:

A) a harmful interaction when several drugs are taken together.

B) the prescribing of multiple drugs to treat multiple conditions.

C) unnecessarily prescribing numerous drugs to prevent a disease.

D) the unintentional ingestion of multiple doses of the same drug.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Toxicologic Conditions

Subject: Geriatric Emergencies

Page: 2232

Feedback: Pathophysiology, Assessment, and Management of Toxicologic Conditions, page 2232

43. Which of the following is the BEST example of inadvertent medication noncompliance?

A) A person takes multiple doses of the same medication because of an inability to distinguish the flavors.

B) The person does not fill a prescription because of a lack of money or insufficient insurance coverage.

C) A person decreases the dosage of one or more prescribed medications to make them last longer.

D) A patient discontinues a medication because he or she feels better and deems the medication unnecessary.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Toxicologic Conditions

Subject: Geriatric Emergencies

Page: 2232

Feedback: Pathophysiology, Assessment, and Management of Toxicologic Conditions, page 2232

44. Hypotension and orthostatic vital sign changes would MOST likely occur in elderly people who take:

A) diuretics.

B) beta-blockers.

C) antidepressants.

D) ACE inhibitors.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Toxicologic Conditions

Subject: Geriatric Emergencies

Page: 2233

Feedback: Pathophysiology, Assessment, and Management of Toxicologic Conditions, page 2233

45. Which of the following factors can prolong the half-life of a drug in the body?

A) Increased thyroid gland function

B) Chronic elevation of blood pressure

C) Increased proportion of adipose tissue

D) Chronic dehydration caused by diuretics

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Toxicologic Conditions

Subject: Geriatric Emergencies

Page: 2233

Feedback: Pathophysiology, Assessment, and Management of Toxicologic Conditions, page 2233

46. In contrast to a 30-year-old man, if a 70-year-old man were to consume an excessive amount of alcohol:

A) he would experience a lower blood alcohol concentration secondary to a decrease in total body water.

B) the alcohol would be eliminated from his body much faster unless he is taking an antihypertensive drug.

C) it would take longer for him to develop alcohol toxicity secondary to decreased metabolism in the liver.

D) he would experience a higher blood alcohol concentration due to decreases in body mass and total body water.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Toxicologic Conditions

Subject: Geriatric Emergencies

Page: 2233

Feedback: Pathophysiology, Assessment, and Management of Toxicologic Conditions, page 2233

47. Untreated depression in people over 65 years of age:

A) causes homicidal behavior in as much as 50% of this age group.

B) is often recognized by the patient, who subsequently asks for help.

C) is associated with a higher suicide rate than in any other age group.

D) usually goes unrecognized because it is often mistaken for delirium.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Psychologic Conditions

Subject: Geriatric Emergencies

Page: 2234

Feedback: Pathophysiology, Assessment, and Management of Psychologic Conditions, page 2234

48. Which of the following conditions would MOST likely mimic depression?

A) Delirium

B) Dementia

C) Hyperglycemia

D) Hypoglycemia

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Psychologic Conditions

Subject: Geriatric Emergencies

Page: 2234

Feedback: Pathophysiology, Assessment, and Management of Psychologic Conditions, page 2234

49. Heat gain or loss in response to environmental changes is delayed in elderly people for all of the following reasons, EXCEPT:

A) impaired circulation.

B) chronic hyperthyroidism.

C) atherosclerotic vessels.

D) decreased sweat production.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

50. Which of the following is NOT a predisposing risk factor for trauma in the elderly?

A) Slower reflexes

B) Decreased body water

C) Equilibrium disorders

D) Overall decrease in agility

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2236

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2236

51. An elderly person is more likely to sustain serious injury following trauma due to:

A) brittle, demineralized bone.

B) ineffective vasoconstriction.

C) chronic renal hypertrophy.

D) decreased respiratory function.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2236

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2236

52. Which of the following is an extrinsic cause of falls in the elderly?

A) Postural hypotension

B) Dizziness or syncope

C) A pathologic fracture

D) An uneven sidewalk

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2237

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2237

53. After falls, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is/are the second leading cause of accidental death among elderly people.

A) thermal burns

B) drug interactions

C) submersion injury

D) motor vehicle crashes

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2237

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2237

54. Elderly people are more susceptible to intracranial bleeding because of:

A) a marked increase in brain size.

B) depletion of cerebrospinal fluid.

C) enlargement of the subdural space.

D) constriction of the cerebral vessels.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

55. Cervical spondylosis is a degenerative change in the cervical spine that causes:

A) destruction of the intervertebral discs and vertebral fractures.

B) narrowing of the spinal canal and pressure on the spinal cord.

C) lateral curvature of the cervical spine with cord impingement.

D) fracture of the odontoid process of the second cervical vertebra.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

56. Fall-related fractures in the elderly occur MOST often to the \_\_\_\_\_\_\_, usually in patients with underlying \_\_\_\_\_\_\_.

A) hip, osteoporosis

B) humerus, arthritis

C) elbow, osteoporosis

D) pelvis, osteoarthritis

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

57. Which of the following risk factors is associated with the HIGHEST rate of mortality following a burn injury in an elderly person?

A) Age over 55 years

B) Musculoskeletal injury

C) Preexisting medical condition

D) Proportional increase in adipose tissue

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

58. Considering the physiologic changes that occur with age, which of the following interventions would pose the GREATEST potential for further harm when caring for an elderly patient with a severe burn that is complicated by a spinal injury?

A) Intubation

B) Fluid replacement

C) Thermal management

D) Spinal immobilization

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

59. In contrast to younger patients, elderly patients:

A) present with multiple imaginary complaints when they are ill.

B) typically overdramatize their medical problems to get attention.

C) are the patient population with the highest rate of hypochondriasis.

D) tend not to complain, even when they have legitimate symptoms.

Ans: D

Complexity: Moderate

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Pages: 2217–2219

Feedback: Geriatric Patient Assessment, pages 2217–2219

60. A key element of the “G” in the GEMS diamond includes:

A) checking the physical condition of the patient's home.

B) recalling that elderly patients often present atypically.

C) assessing the elderly patient's activities of daily living.

D) obtaining a complete medical history from the patient.

Ans: B

Complexity: Moderate

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Page: 2216

Feedback: Geriatric Patient Assessment, page 2216

61. The social assessment component of the GEMS diamond includes:

A) determining if activities of daily living are being provided by another person.

B) considering that what appears to be a medical problem may have a trauma component.

C) assessing the presence of functional smoke detectors in the patient's home.

D) looking for multiple prescription medications that are used to treat the same condition.

Ans: A

Complexity: Moderate

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Page: 2216

Feedback: Geriatric Patient Assessment, page 2216

62. Components of the environmental assessment of an elderly patient include all of the following, EXCEPT:

A) assessing for the odor of urine or feces.

B) looking for rotted floors or faulty wiring.

C) ensuring that food is adequate and unspoiled.

D) inquiring about any delays in obtaining food.

Ans: D

Complexity: Moderate

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Page: 2216

Feedback: Geriatric Patient Assessment, page 2216

63. The medical assessment of an elderly patient can be complex because:

A) he or she often makes up symptoms that do not exist.

B) caregivers typically prefer that you speak with them.

C) he or she often has more than one medical condition.

D) most elderly patients are hearing or visually impaired.

Ans: C

Complexity: Moderate

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Page: 2216

Feedback: Geriatric Patient Assessment, page 2216

64. When interviewing an elderly patient with a medical complaint, you should avoid:

A) detailed explanations of what you are doing to him or her.

B) looking directly at the patient as this may upset him or her.

C) speaking to the family member first rather than the patient.

D) talking about the patient in the absence of family members.

Ans: C

Complexity: Moderate

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Page: 2217

Feedback: Geriatric Patient Assessment, page 2217

65. After obtaining an elderly patient's chief complaint, gathering additional information about the history of present illness would MOST likely be complicated because:

A) the patient may ask you to repeat your questions.

B) chronic problems may affect the acute problem.

C) most elderly patients take numerous medications.

D) the aging process causes difficulty in understanding.

Ans: B

Complexity: Moderate

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Pages: 2217–2219

Feedback: Geriatric Patient Assessment, pages 2217–2219

66. You are called to a residence for a 74-year-old woman who fainted. During your assessment, the patient's son tells you that he was standing next to his mother when she fainted and that he caught her before she fell to the floor. He further tells you that his mother has angina and kidney disease. The patient is now conscious but confused. Her blood pressure is 80/50 mm Hg, pulse is 110 beats/min and weak, and respirations are 22 breaths/min and regular. As your partner administers supplemental oxygen to the patient, you should:

A) assess for the presence of a nitroglycerin patch on the patient and remove it if she is wearing one.

B) quickly establish vascular access and administer a 20-mL/kg bolus of an isotonic crystalloid.

C) obtain a detailed list of all of the patient's medical problems and the medications that she is taking.

D) perform a rapid head-to-toe assessment to determine if she has gross injuries or any hidden conditions.

Ans: A

Complexity: Difficult

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Pages: 2217–2219

Feedback: Geriatric Patient Assessment, pages 2217–2219

67. You are assessing an 80-year-old man who complains of generalized weakness. He denies chest pain or shortness of breath and tells you that he has become progressively weaker over the past 3 days. His medical history is significant for two prior heart attacks, hypertension, chronic renal insufficiency, and atrial fibrillation. His blood pressure is 108/60 mm Hg, pulse rate is 94 beats/min and irregular, and respirations are 20 breaths/min and unlabored. Auscultation of his lungs reveals scattered crackles, and the ECG reveals atrial fibrillation. In addition to administering supplemental oxygen, you should:

A) start an IV with D5W, assess his blood glucose level, and administer half the usual dose of diltiazem to lower the rate of his atrial fibrillation.

B) obtain a 12-lead ECG tracing, start an IV line with normal saline and give a 250-mL fluid bolus, reassess his blood pressure, and transport him.

C) establish vascular access, administer 2 mg of morphine to treat his apparent pulmonary edema, continue to monitor the ECG, and transport.

D) obtain a 12-lead ECG tracing, assess his blood glucose level, establish vascular access and set the rate to keep the vein open, and transport to the hospital.

Ans: D

Complexity: Difficult

Ahead: Geriatric Patient Assessment

Subject: Geriatric Emergencies

Pages: 2217–2219

Feedback: Geriatric Patient Assessment, pages 2217–2219

68. A 90-year-old nursing home resident presents with confusion and a cough after several days of complaining of being weak. She is bedridden, has numerous medical conditions, and takes a variety of medications. Your assessment reveals that her temperature is 99.0°F, her skin is cool and dry, her blood pressure is 118/66 mm Hg, and her heart rate is 68 beats/min and regular. She is not experiencing obvious respiratory distress, and her oxygen saturation is 93% on room air. This patient is MOST likely experiencing:

A) pneumonia.

B) heart failure.

C) hypoglycemia.

D) a pulmonary embolism.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Respiratory Conditions

Subject: Geriatric Emergencies

Pages: 2219–2220

Feedback: Pathophysiology, Assessment, and Management of Respiratory Conditions, pages 2217–2219

69. A 71-year-old man with a history of emphysema, coronary artery disease, and hypertension presents with increased shortness of breath and fatigue. His oxygen saturation is 80% on home oxygen at 2 L/min via nasal cannula. His blood pressure is 140/76 mm Hg, pulse rate is 104 beats/min, and respirations are 28 breaths/min and labored. His medications include an albuterol inhaler, prednisone, hydrochlorothiazide, and lisinopril. Auscultation of his lungs reveals scattered wheezing in all fields. Which of the following prehospital interventions is NOT indicated for this patient?

A) Nebulized ipratropium

B) Subcutaneous epinephrine

C) High-flow oxygen therapy

D) Continuous positive airway pressure

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Respiratory Conditions

Subject: Geriatric Emergencies

Page: 2220

Feedback: Pathophysiology, Assessment, and Management of Respiratory Conditions, page 2220

70. You are dispatched to an assisted living center for an 80-year-old woman who is vomiting bright red blood. Upon your arrival, you find the patient sitting in a chair. She is conscious and alert, but is markedly pale and diaphoretic. Her medical history is significant for hypertension, congestive heart failure, type 2 diabetes, hypothyroidism, and osteoarthritis. Her medications include Toprol, lisinopril, Glucophage, Synthroid, and ibuprofen. Her blood pressure is 76/56 mm Hg, pulse is 76 beats/min and weak, and respirations are 24 breaths/min and shallow. Which of the following statements regarding this scenario is MOST correct?

A) You should suspect shock due to lower gastrointestinal bleeding, start two large-bore IV lines, and rapidly infuse normal saline until her systolic blood pressure is greater than 90 mm Hg.

B) Gross hematemesis suggests gastrointestinal bleeding; however, although she is in shock, you should avoid infusing isotonic crystalloid solutions due to her congestive heart failure.

C) This patient, who is in shock, probably has a bleeding peptic ulcer secondary to ibuprofen use, and the lack of compensatory tachycardia is likely the result of the beta-blocker she is taking.

D) This patient's vital signs are clearly the result of the medications she is taking, and you should focus on the likelihood that her pallor and diaphoresis are most likely the result of hypoglycemia.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Gastrointestinal Conditions

Subject: Geriatric Emergencies

Page: 2227

Feedback: Pathophysiology, Assessment, and Management of Gastrointestinal Conditions, page 2227

71. An 82-year-old man presents with confusion that has worsened progressively over the past 2 weeks. Because of his confusion and the fact that he is hearing impaired, you obtain the majority of your medical history information from his daughter. She tells you that her father has high blood pressure but refuses to take medication for it. She also tells you that she thinks he fell about 3 weeks ago, although he denies falling. The patient's blood pressure is 168/98 mm Hg, pulse rate is 60 beats/min and occasionally irregular, and respirations are 22 breaths/min and regular. This patient MOST likely:

A) has an acute onset of dementia.

B) is experiencing a subdural hematoma.

C) had a stroke secondary to atrial fibrillation.

D) has normal age-related physiologic changes.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

72. The son of a 76-year-old woman called 9-1-1 because his mother is “ill.” The patient presents with mild confusion, poor skin turgor, and tachycardia. She is incontinent of urine and asks you for a glass of water. Her son tells you that she had not been feeling well for the past several weeks, but would not allow him to take her to the doctor. Which of the following assessment parameters will MOST likely reinforce your suspicion regarding the underlying cause of this patient's condition?

A) Blood glucose

B) Cardiac rhythm

C) Orthostatic vital signs

D) Cincinnati stroke scale

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Neurologic Conditions

Subject: Geriatric Emergencies

Pages: 2223–2225

Feedback: Pathophysiology, Assessment, and Management of Neurologic Conditions, pages 2223–2225

73. After 50 years of age, there is an increase in urinary tract infections in men because:

A) normal bacterial flora enter the urethra.

B) the urethra is obstructed by the prostate.

C) diabetes is most common after 50 years of age.

D) renal function markedly declines after 50 years of age.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Renal Conditions

Subject: Geriatric Emergencies

Page: 2229

Feedback: Pathophysiology, Assessment, and Management of Renal Conditions, page 2229

74. During your assessment of a 79-year-old woman who was involved in a motor vehicle crash, you find that she is responsive to pain only and is breathing with a marked reduction in tidal volume. Your rapid assessment reveals that she has ecchymosis and crepitus over several of her ribs. You should:

A) avoid any form of positive pressure ventilation, as this may cause barotrauma and a pneumothorax.

B) stabilize her fractured ribs with bulky dressings and administer high-flow oxygen via nonrebreathing mask.

C) immediately secure her airway with an endotracheal tube because she is at increased risk for aspiration.

D) assist her ventilations with a bag-mask device, delivering just enough volume to produce visible chest rise.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies

Subject: Geriatric Emergencies

Page: 2238

Feedback: Pathophysiology, Assessment, and Management of Geriatric Trauma Emergencies, page 2238

75. You respond to the residence of a 68-year-old man with terminal cancer. As you begin your assessment, the patient's wife tells you that he has an out-of-hospital do not resuscitate order, and hands you a document that appears to be valid. The patient, who is clearly emaciated, is conscious but is in severe pain. Your MOST appropriate action should be to:

A) advise the wife that the do not resuscitate order prohibits you from rendering any prehospital care.

B) recall that do not resuscitate orders are invalid in the prehospital setting and be prepared to provide full ACLS.

C) provide supportive care, administer narcotic analgesia as indicated, and transport the patient to the hospital.

D) accept the stipulations of the do not resuscitate order, obtain a signed refusal from the wife, and return to service.

Ans: C

Complexity: Moderate

Ahead: End-of-Life Care

Subject: Geriatric Emergencies

Page: 2241

Feedback: End-of-Life Care, page 2241