1. Which of the following statements is most appropriate concerning dealing with caregivers and children during a medical emergency?

1. “I try to include caregivers in all that I do with their child so that the child and the caregivers are more comfortable.”
2. “It is best to separate caregivers from the child so that proper assessment and care can be given.”
3. “I include caregivers in the care until I get the information I need; then I remove the child and continue the assessment in the first-aid room.”
4. “I tell caregivers that everything will be okay so that they are calm and I am better able to help their child.”

Answer: a

Objective: 30-4

Reference: 974

2. An adolescent is defined as someone who is:

1. 8–16 years old.
2. 10–16 years old.
3. 13–18 years old.
4. 9–18years old.

Answer: c

Objective: 30-2

Reference: 948, 949

3. You have been called to care for a 21-month-old girl who has been bitten by a dog. Given the patient’s age, you would appropriately classify the patient as:

1. an infant.
2. a school-age child.
3. a preschooler.
4. a toddler.

Answer: d

Objective: 30-2

Reference: 947

4. You are reviewing psychosocial development of a preschooler in your OEC class. You recognize that “preschooler” includes children who are:

1. 2–3 years old.
2. 3–5 years old.
3. 6­–8 years old.
4. over 9 years of age.

Answer: b

Objective: 30-2

Reference: 947

5. Which of the following instructions would you give an OEC Technician who is preparing to assess a stable 9-month-old boy with a rash?

1. “Keep the baby calm; do not touch him during the assessment.”
2. “Start at the head and slowly work your way to the feet.”
3. “Have the mother hold him as you do the assessment.”
4. “Make sure that you do not undress the baby for the assessment."

Answer: c

Objective: 30-4

Reference: 964

6. You are assessing a 2½-year-old child who was involved in a minor car collision. She is currently alert and oriented. While you are assessing her for possible injuries, which of the following actions would be considered most appropriate?

1. Assess the child starting at her head and moving to her feet.
2. Allow the child to hold a favorite toy during the assessment.
3. Be stern with the child and provide strict instructions on what you expect from her.
4. Examine possible painful sites first.

Answer: b

Objective: 30-4

Reference: 969

7. You are caring for a 2-year-old girl whose mother reports that the child has been ill for two days. It is important to remember that children in this age group generally:

1. are fearful of strangers.
2. readily tolerate separation from their caregivers.
3. prefer to be addressed through their caregivers.
4. will be cooperative during your exam.

Answer: a

Objective: 30-2

Reference: 974

8. Children exhibit great bursts of energy followed by sudden profound fatigue because:

1. they lose interest in their current activity.
2. they have attention deficit disorder.
3. they need to take a nap.
4. they have fewer energy reserves than adults.

Answer: d

Objective: 30-1

Reference: 945

9. You must assess the pupils of a 5-year-old boy who fell. Which of the following statements would be most appropriate for you to make before performing the assessment?

1. “I am going to look into your pupils with my light.”
2. “I am going to use this light to look into your eyes.”
3. “I need to test your visual acuity by shining a light in your eyes.”
4. “Open your eyes so that I can look into them.”

Answer: b

Objective: 30-4

Reference: 971

10. Which of the following behaviors would an OEC Technician recognize as *uncharacteristic* of a conscious and stable 2-year-old boy who fell and hurt his hand?

1. He cries any time you touch him.
2. He does not cry or protest when you take him from his mother to assess him.
3. He becomes upset when you lift his shirt to assess his abdomen.
4. He does not tell you where the pain is when you ask.

Answer: b

Objective: 30-5

Reference: 964

11. A 9-month-old boy has been stung on his tongue after sucking on a bottle that had a bee on the nipple. In comparison to the same injury in an adult, why would an OEC Technician be more concerned over this child?

1. A child’s airway has more blood vessels than an adult’s, making bleeding more of a concern.
2. Children tend to be highly allergic to bee stings, whereas the same allergy in adults is rare.
3. A child’s tongue is proportionally larger, increasing the chances of airway occlusion from even minor swelling.
4. When injured, a child’s mouth produces more saliva, making choking a major concern.

Answer: c

Objective: 30-1

Reference: 943

12. An OEC Technician asks you why you should not overextend the airway when performing a head tilt-chin lift maneuver on a pediatric patient. Which of the following replies would you make?

1. “The pediatric cervical spine is delicate and can be injured if the neck is hyperextended.”
2. “The tongue of a pediatric patient is proportionally larger and blocks the airway when the neck is hyperextended.”
3. “The cartilage of the trachea is very soft and can compress if the neck is extended too far.”
4. “The esophagus in a pediatric patient is very thick and will occlude the airway if the neck is hyperextended.”

Answer: c

Objective: 30-1

Reference: 943

13. You are assessing a 2-week-old baby who is sick. Assessment reveals that he has a fever and difficulty breathing. Which of the following additional assessment findings would be most concerning to you given the age of this patient?

1. A respiratory rate of 30 breaths per minute
2. A wet diaper in need of changing
3. Continual crying
4. Nasal passages that are occluded by mucus

Answer: d

Objective: 30-5

Reference: 945

14. You are immobilizing a 4-year-old boy on a long spine board. Which of the following actions would be appropriate when performing this intervention?

1. Avoid applying the chest strap across the patient’s thorax.
2. Place padding between the patient’s shoulders and the spine board.
3. Secure the patient’s chest and legs to the board after the head has been secured.
4. Place a pillow under the patient’s neck to keep the airway open.

Answer: b

Objective: 30-12

Reference: 976

15. The increased pliability of the ribs of children makes them more prone to:

1. bruising of the lung.
2. rib fractures.
3. cardiac arrest.
4. overinflation of the lungs.

Answer: a

Objective: 30-1

Reference: 958

16. When assessing a 3-year-old child with a respiratory illness, which of the following assessment findings would be *least* concerning to you?

1. Retractions observed above the clavicles
2. Paradoxical breathing
3. Patient in the tripod position
4. A respiratory rate of 28 breaths per minute

Answer: d

Objective: 30-3

Reference: 971

17. You have been called to care for an unattended 6-year-old girl who has vomited once and is complaining of mild abdominal pain. When you are performing the physical assessment and obtaining a SAMPLE history, which of the following approaches would be considered most appropriate?

1. Asking her questions that can be answered with a “yes” or “no”
2. Standing above her and smiling while you ask questions
3. Allowing her to play with your stethoscope before listening to her lungs
4. Using “baby talk” when asking her questions about her pain

Answer: c

Objective: 30-4

Reference: 971

18. Which of the following statements regarding the treatment of a pediatric patient in a prehospital setting is true?

1. You must determine the exact illness in order to provide the most appropriate treatment.
2. If the primary assessment of a sick pediatric patient reveals no deficits to the ABCDs, the patient is stable and will not deteriorate.
3. If a child looks sick and is not getting better with care, assume that the child is getting worse.
4. You will get early warning if the child is going into shock because a child’s vital signs change early.

Answer: c

Objective: 30-6

Reference: 975

19. An infant who is short of breath is alert and has adequate respirations at a rate of 54 per minute. His skin color is pink but slightly cool to the touch. When you place a pediatric mask on his face, he becomes very upset and begins to physically struggle to remove it. In this situation you would:

1. gently restrain the infant’s hands so that he cannot remove the mask.
2. secure the mask to the infant’s face using tape.
3. allow the mother to hold the infant and then provide blow-by oxygen therapy.
4. omit the oxygen for now and continue to assess the infant every 5 minutes.

Answer: c

Objective: 30-12

Reference: 976

20. The most common source of burns in children is:

1. a scalding-hot liquid.
2. a candle.
3. chemicals.
4. a cigarette lighter.

Answer: a

Objective: 30-6

Reference: 959

21. You are called to assist a toddler who has just had a seizure that lasted about 60 seconds. His mom reports that the child has a history of seizures. Your assessment reveals that he is now responding to painful stimuli, is breathing normally, and has a normal radial pulse. Which of the following actions would you take?

1. Apply oxygen via nonrebreather at 15 LPM.
2. Place him in a recovery position and continue to assess him.
3. Gently try to arouse him and make him more alert.
4. Insert an oral airway.

Answer: b

Objective: 30-12

Reference: 977

22. You have been called to assist a panicked mother who is worried about her son. When you arrive, she tells you that her 4-year-old son has been quiet all morning and napping while the rest of her children were skiing. While napping he began to “shake all over” for about 30 seconds. The child is now resting quietly and has adequate respirations. His radial pulse is strong, and his skin is very hot and moist to the touch. Based on this presentation and information, you assume that the seizure occurred secondary to:

1. hypoxia.
2. a fever.
3. hypoglycemia.
4. altered mental status.

Answer: b

Objective: 30-8

Reference: 954

23. When assessing a 3-year-old child for possible injuries after the mother’s boyfriend said the child fell down a flight of stairs, which of the following findings would raise your suspicion that the child may be a victim of physical abuse?

1. The child cries when you palpate his arm.
2. Several bruises are located on the child’s knees and shins.
3. The child has a broken clavicle.
4. Circumferential bruising on is apparent on the child’s arm.

Answer: d

Objective: 30-9

Reference: 975

24. A mother brings her 3-year-old son into the aid room. She says he has a low grade fever and seems to be having slight difficulty breathing. Which of the statements by the mother would make you think the child may have croup?

1. “Last night, he had a barking-like cough.”
2. “There are times when he continually drools.”
3. “When I turn the air conditioner on, he gets more short of breath.”
4. “He has a rash on his chest.”

Answer: a

Objective: 30-6

Reference: 950

25. A 4-year-old girl is sitting upright on her mother’s lap with her chin thrust forward. She looks lethargic and is drooling. Her airway is open and she appears to be breathing adequately. Her mother says she has had a fever and is complaining of a sore throat. You are very concerned that she may be developing:

1. strep throat.
2. meningitis.
3. epiglottitis.
4. pneumonia.

Answer: c

Objective: 30-6

Reference: 951

26. Fontanelles, which areopenings in the skulls of newborns that allow brain expansion, close when the child is at approximately what age?

1. 3–4 months of age
2. 18–20 months of age
3. 3 years of age
4. 1 year of age

Answer: b

Objective: 30-1

Reference: 945

27. Which of the following statements about shaken baby syndrome is *false?*

1. It rarely occurs in upper-class families.
2. It often results in a traumatic brain injury.
3. It is a form of child abuse.
4. Most cases are perpetrated by someone close to the child.

Answer: a

Objective: 30-9

Reference: 961

28. You are treating a 3 year old that you suspect may be the victim of child abuse. As an OEC Technician, you realize that:

1. an OEC Technician who reports a case of child abuse could be open to a lawsuit.
2. OEC Technicians can report the abuse to anyone and be protected from retaliation.
3. child abuse is not a crime in many states.
4. child abuse reporting requirements vary among states.

Answer: d

Objective: Supplemental

Reference: 961

29. You are treating a 2 year old who fell down a flight of stairs. You are concerned about a head injury and know that toddlers have a higher risk for traumatic brain injury than adults because of all of the following reasons *except:*

1. a toddler has a large, heavy head in comparison to their body.
2. during rapid deceleration, a toddler’s head is propelled forward first, before the body.
3. a toddler’s brain does not completely fill the cranial cavity.
4. a toddler’s fontanelles will not close until the child reaches preschool age.

Answer: d

Objective: 30-1

Reference: 945

30. Your approach to caring for a pediatric patient should vary depending on the age of the patient. Which of the following statement does *not* indicate an important thing to remember when treating an adolescent?

1. The patient’s privacy is important.
2. An adolescent’s decision-making skills are as advanced as her verbal skills.
3. You should be honest and direct with the patient.
4. You should obtain the patient’s history directly from the patient.

Answer: b

Objective: 30-2

Reference: 949

31. Your 18-month-old has had a worsening cough and fever for the last three days. Because it is winter, you originally assumed that it was just a cold. The child is now exhibiting difficulty breathing. As you are driving your child to be examined by his pediatrician, you are thinking about what could be causing these signs. Based on your OEC training, you realize that there are several possibilities, and that the signs could suggest any of the following conditions *except:*

1. pneumonia.
2. croup.
3. asthma.
4. bronchiolitis.

Answer: c

Objective: 30-6

Reference: 950–951

32. Cardiac arrest in children is most commonly caused by:

1. anoxia.
2. trauma.
3. birth defects.
4. SIDS.

Answer: a

Objective: 30-7

Reference: 952

33. Among the pediatric population, poisonings most often occur in:

1. adolescents, when they experiment with drugs and alcohol.
2. toddlers, from ingesting lead-based paint.
3. infants, because they routinely put things into their mouths.
4. school-age children, from taking over-the-counter medications.

Answer: c

Objective: Supplemental

Reference: 954

34. You read in the newspaper about a 9-month-old child who died from sudden infant death syndrome (SIDS). From your training, you know that this means that the infant:

1. had a congenital heart defect.
2. suffocated in his crib blankets.
3. had a history of sleep apnea.
4. died unexpectedly and of an undetermined cause.

Answer: d

Objective: 30-10

Reference: 957

35. The American Academy of Pediatrics recommends the use of the Pediatric Triangle to quickly determine if a child is “sick or not sick.” This method allows rescuers to quickly assess all of the following about the patient *except* his/her:

1. circulation.
2. breathing.
3. history of illness or injury.
4. appearance.

Answer: c

Objective: 30-11

Reference: 963

36. While following the Pediatric Triangle of assessment, you observe an infant and note that she is paradoxically irritable. This sign is often indicative that the child is:

1. very ill.
2. a victim of neglect.
3. not seriously ill.
4. hungry.

Answer: a

Objective: 30-11

Reference: 964

37. You are night skiing when you are notified that a child has been involved in a collision on the intermediate trail. As you approach the scene you are thinking about your assessment and realize that the cold and low light may make assessing the child’s circulation difficult. In this situation, other options for assessing circulation include assessing all of the following *except:*

1. the sclera of the eyes.
2. the patient’s lips.
3. fingertip capillary refill.
4. the palms of the hands.

Answer: c

Objective: 30-11

Reference: 965

38. Bilateral injuries, circumferential bruising, and pattern bruises are suggestive of:

1. shaken child syndrome.
2. child abuse.
3. suicidal behavior.
4. infant neglect.

Answer: b

Objective: 30-9

Reference: 975

39. You are treating a child who has a minor head laceration that is bleeding profusely. Which of the following statements would show your partner that you understand bleeding in children?

1. “This is a minor head laceration, so we don’t need to worry.”
2. “Children have a smaller blood volume than adults, so this rate of bleeding is serious.”
3. “As long as the child’s vital signs are stable, we don’t have to worry.”
4. “Children have great compensating mechanisms, so bleeding from the head isn’t serious.”

Answer: b

Objective: 30-1

Reference: 975

40. When seen in a child, the “tripod” and “sniffing” positions are usually signs of:

1. respiratory distress.
2. an infection of the brain.
3. hypovolemia.
4. a neck or spine injury.

Answer: a

Objective: 30-5

Reference: 964

41. You are assessing an infant who has been ill and has had a fever for the past two days. As you approach the infant you note that she has grunting respirations. Based on your OEC training you determine that grunting is:

1. a soothing mechanism for a sick child.
2. a symptom of severe respiratory disease.
3. a symptom of significant dehydration.
4. often normal in a child with a cold.

Answer: b

Objective: 30-5

Reference: 952

42. Which of the following conditions is *not* a possible cause of seizures in young children?

1. Fever
2. Hypothermia
3. Diabetes
4. Epilepsy

Answer: b

Objective: 30-8

Reference: 953