1. A candidate in your OEC class is attempting to describe advanced life support (ALS). Which of the following statements concerning ALS is *incorrect?*

a. ALS is emergency medical care that exceeds basic life-support measures.

b. ALS includes advanced airway management and drug therapy.

c. It should be assumed that prompt initiation of ALS will make the difference between life and death.

d. All EMTs, paramedics, RNs and PAs are part of the ALS system.

Answer: d

Objective: 36-1

Reference: 1138

2. You are working with a OEC Technician candidate in the first-aid room at the local ski patrol. The candidate asks why you would decide to call for ALS transport rather than BLS. Which of the following statements would be an appropriate response?

a. “I always prefer to call ALS just in case something goes wrong.”

b. “ALS can give pain medication, so it should be called for every patient who is complaining of pain.”

c. “If I have any concerns about the patient’s ABCDs, I will call for ALS.”

d. “ALS can give IV dextrose, so I call for it for every diabetic patient regardless of the nature of the problem.”

Answer: c

Objective: 36-2

Reference: 1138

3. You are caring for a 56-year-old woman who was struck by another skier and had a hard tumbling fall. Which of the following signs or symptoms would be most suggestive that an advanced airway may be needed?

1. Bleeding from the mouth
2. Respiratory rate of 12
3. Cyanotic lips
4. Confusion

Answer: c

Objective: 36-3

Reference: 1141

4. If assisting an ALS provider with endotrachial intubation is permitted by local protocol, OEC Technicians can check the light source on the laryngoscope blade by:

1. twisting the laryngoscope handle clockwise.
2. attaching the blade to the handle and raising the blade into position.
3. turning the “on” switch at the bottom of the handle.
4. twisting the light bulb on the laryngoscope blade clockwise.

Answer: b

Supplemental

Reference: 1142

5. You are preparing equipment an ALS provider needs to perform an intubation. In order to assess that the endotrachial tube is working correctly and to have it prepared for the provider, which of the following series of tasks would you perform?

1. Inflate the cuff with 10 cc of air. Check for leaking; if none occurs, deflate the cuff.
2. Inflate the cuff with 5 cc of water. Check for leaking. Remove the water.
3. Inflate the cuff with 10 cc of air. Place the end of the tube in water and watch for bubbles; if none appear, leave the air in the cuff.
4. Inflate the cuff with 5 cc of air. As long as it does not leak, leave the air in place with the syringe attached.

Answer: a

Objective: Supplemental

Reference: 1144

6. When an ALS provider asks you to perform the “BURP” maneuver while you are assisting with an intubation, you would:

a. use the palm of one hand to gently put pressure on the patient’s abdomen in a backward and slightly rightward direction.

b. place the second and third fingers of one hand under the chin and lift the head backward and slightly to the right.

c. place a hand on either side of the patient’s face and hold the head backward and slightly to the right.

d. use the thumb and index finger of one hand to deliver light pressure on the cricoid membrane in a backward, upward, and rightward direction.

Answer: d

Objective: Supplemental

Reference: 1146

7. When an ALS provider has completed intubating your 39-year-old patient, she then checks for proper tube placement by:

a. listening for sounds upon auscultation of the stomach.

b. listening to either lung.

c. seeing an equal, bilateral chest rise with each ventilation.

d. noting that the colorimetric CO2 detector is yellow.

Answer: c

Objective: 36-4

Reference: 1150

8. Which of the following values is the generally accepted initial setting when setting up a ventilator?

a. Tidal volume: 500–1000 mL

b. Respiratory rate: 12–20 breaths per minute

c. PEEP: average of 15 mm Hg

d. FiO2: 100 percent

Answer: b

Objective: 36-5

Reference: 1152

9. Your friend tells you that her daughter was recently in the emergency department for an asthma attack and was given something called an MDI. Your friend tries to describe the MDI and its use, and she got most of the information correct. Which of the following statements is *not* correct?

a. “If you see a mist coming out of the corrugated tubing, then you are not breathing in deeply enough.”

b. “Oxygen is used with it to make the medicine an aerosol.”

c. “It is better than a pill because the medication reaches the lower airways quickly.”

d. “The medication is placed in a bowl and then you screw the cover on tightly.”

Answer: a

Objective: 36-9

Reference: 1153

10. You are caring for a 37-year-old patient and are trying to determine if you might need an ALS provider to initiate intravenous therapy. From your OEC training, you recall that IV therapy is typically used for patients with:

a. ankle sprains.

b. diabetes and severe dehydration.

c. minor lacerations and facial contusions.

d. cold symptoms and mild diarrhea.

Answer: b

Objective: 36-3

Reference: 1156

11. You are assisting an ALS provider to initiate IV therapy for a 62 year old with a probable ruptured spleen. She asks you to help prepare 0.9% normal saline with macrodrip tubing. While preparing the equipment you realize that she chose this combination because:

a. normal saline is an ideal solution for patients that require the administration of medications.

b. macrodrip tubing has a small needle within the chamber, which is ideal for the slow infusion of fluids.

c. normal saline acts as a catalyst that helps move drugs out of the bloodstream and into the tissues.

d. normal saline is an ideal volume expander that is useful in treating shock.

Answer: d

Objective: 36-3

Reference: 1156

12. “Spiking the IV bag” refers to:

a. adding medications to the IV solution before administering it.

b. hanging the IV bag higher than the patient’s heart.

c. pushing the spike of the IV tubing into the port of the solution bag.

d. filling the IV drip chamber until it is approximately half full.

Answer: c

Objective: 36-6

Reference: 1157

13. You are assisting an ALS provider in caring for a patient with hypovolemic shock. While gathering equipment the provider needs to start administering the intravenous fluid, you recall that the most common size of needle used in emergency medicine is:

a. 22 gauge.

b. 14 gauge.

c. 20 gauge.

d. 18 gauge.

Answer: d

Objective: 36-6

Reference: 1157

14. The heart’s electrical activity is most commonly examined through the use of a(n):

a. ECG.

b. defibrillator.

c. AED.

d. cardioverter.

Answer: a

Objective: 36-3

Reference: 1159

15. A good way to remember how to correctly apply cardiac monitor leads is the phrase:

a. “Red and blue to the left, and fire under smoke.”

b. “Green and white to the right, and fire over smoke.”

c. “White and green to the right, and smoke over fire.”

d. “Blue and white to the right, and smoke over fire.”

Answer: c

Objective: 36-7

Reference: 1159

16. Which of the following sites for affixing electrodes to the chest would *not* obscure the transmission of an electrical signal?

a. Areas with significant chest hair

b. The fleshy part of the lower abdomen

c. Bony prominences such as the clavicle

d. Any area of skin that has blood or sweat on it

Answer: b

Objective: 36-7

Reference: 1160

17. You are instructing an OEC class on how to assist an ALS provider with defibrillation. Which of the following statements correctly identifies pad placement?

a. “The negative pad is placed on the upper right chest beneath the clavicle on the mid-clavicular line, whereas the positive pad is placed about 2–3 inches beneath the left nipple and 3–4 inches along the anterior axillary line.”

b. “The positive pad is placed over the left precordium, and the negative pad is placed on the back between the shoulder blades.”

c. “The negative pad is placed on the upper left chest at the clavicle along the anterior axillary line, whereas the positive pad is placed about 4 inches over the left nipple along the mid-clavicular line.”

d. “The positive pad is placed about 2–3 inches above the right nipple, and the negative pad is placed between the shoulder blades.”

Answer: a

Objective: Supplemental

Reference: 1161

18. The first medication used to treat asthma or COPD is:

a. diphenhydramine.

b. epinephrine.

c. atropine.

d. albuterol.

Answer: d

Objective: 36-8

Reference: 1163

19. Epinephrine and atropine are medications used to:

a. make the heart’s rhythm more regular.

b. increase the patient’s heart rate.

c. raise the patient’s blood pressure.

d. decrease the patient’s heart rate.

Answer: b

Objective: 36-8

Reference: 1164

20. Which of the following pieces of equipment is *not* necessary when initiating an IV in a patient?

a. A bag of fluid

b. A syringe

c. IV tubing

d. A tourniquet

Answer: b

Objective: 36-6

Reference: 1156

21. What is the function of the drip chamber in IV tubing?

a. It increases or decreases the flow rate of IV fluid.

b. It attaches the IV tubing to the IV catheter.

c. It increases or decreases the size of the drop of IV fluid entering the chamber.

d. It connects the IV bag to the patient.

Answer: a

Objective: 36-6

Reference: 1157

22. You have gathered all the equipment an ALS provider needs to initiate IV therapy. Before assembling the equipment, which of the following actions should you take first?

a. Place a tourniquet on the patient’s arm.

b. Open the IV catheter and hand it to the ALS provider.

c. Check the expiration date on the IV bag.

d. Remove the protective cap from the IV tubing spike.

Answer: c

Objective: 36-6

Reference: 1157

23. Which of the following statements describes how you initially fill the drip chamber after you have attached the administration set to the IV fluid bag?

a. Open the sliding clamp lock and let the drip chamber fill passively.

b. Close the sliding clamp lock, and then squeeze the bag to force fluid into the drip chamber.

c. Open the sliding clamp lock and keep it positioned higher than the IV fluid bag.

d. Close the sliding clamp lock, and then squeeze and release the drip chamber until it is half full.

Answer: d

Objective: 36-6

Reference: 1157

24. You are placing a patient on a cardiac monitor. In which of the following locations would you place the green “RL” lead?

a. On the patient’s right thorax, under the clavicle

b. On the patient’s lower left chest wall, on the anterior axillary line

c. On the patient’s left thorax, under the clavicle

d. On the patient’s lower right chest wall, on the anterior axillary line.

Answer: d

Objective: 36-7

Reference: 1159

25. A medication used to reduce blood pressure or to alleviate ischemic cardiac pain is:

a. lidocaine.

b. dopamine.

c. nitroglycerin.

d. albuterol.

Answer: c

Objective: 36-8

Reference: 1164

26. Which of the following is one of the “five rights” of medication administration?

a. The patient has the right of refusal.

b. The patient’s right arm or leg is the best site of administration.

c. Place all medications into the ALS provider’s right hand.

d. Administering the right dose must be ensured.

Answer: d

Objective: 36-10

Reference: 1165