

# EMT P Practice Test

## Practice Questions

1. Which of the following statements regarding allergies is FALSE?
  - a. A type I allergic reaction can be life-threatening
  - b. Immunity can be natural or acquired
  - c. Anaphylactoid reactions are mediated by an antigen-antibody reaction
  - d. Immunity can be artificially induced
  
2. All of the following patients are at high risk of latex allergy except
  - a. Tollbooth operators
  - b. Asthmatics
  - c. Hairdressers
  - d. Patients with allergic rhinitis
  
3. You are called by the husband of a 25-year-old woman who has developed a severe allergic reaction to shellfish. On arrival, the woman's face is swollen, and hives appear on her arms and legs. She complains of tightness in her neck and has difficulty breathing. The first step in treating this patient is to
  - a. Administer IV epinephrine
  - b. Transport the patient to the hospital
  - c. Administer high-concentration oxygen
  - d. Administer IV saline solution
  
4. All of the following drugs may be given safely in addition to epinephrine except
  - a. Beta agonists
  - b. Beta-blockers
  - c. Antihistamines
  - d. Corticosteroids
  
5. Which of the following is NOT a typical sign of an allergic reaction?
  - a. Urticaria
  - b. Diarrhea
  - c. Bronchoconstriction
  - d. Altered mental status
  
6. In performing defibrillation, the paddles should be placed
  - a. Over the sternum
  - b. Over the pacemaker
  - c. To the right of the upper sternum and to the left of the left nipple
  - d. To the left of the upper sternum and to the right of the right nipple
  
7. In performing defibrillation, the following may be used to decrease paddle-skin interface resistance

- a. Creams used in ECG monitoring
- b. Pads soaked in alcohol
- c. Pads soaked in water
- d. Pads soaked in saline

**8.** In performing defibrillation, you should

- a. Remove nitroglycerin patches before defibrillation
- b. Place the paddles together before firing the defibrillator
- c. Alternate cardiopulmonary resuscitation with defibrillation
- d. Perform open air discharge of the defibrillator to remove an unwanted charge

**9.** The following statement regarding asynchronous cardiac pacing is FALSE

- a. Asynchronous pacing is typically used in asystole
- b. Asynchronous pacing may be used to control dysrhythmia
- c. Asynchronous pacemakers are used more frequently than demand pacemakers
- d. The asynchronous mode may be used to determine heartbeat in cases of electrocardiogram interference

**10.** Transcutaneous cardiac pacing should be used in

- a. Patients with open wounds
- b. Bradycardia
- c. Cardiac arrest
- d. Pulseless electrical activity

**11.** According to American Hospital Association guidelines, in which of the following cases is resuscitation appropriate?

- a. Presence of a DNAR order
- b. Septic shock
- c. Asystole
- d. Drug overdose

**12.** Which of the following statements regarding biphasic defibrillation is FALSE?

- a. Biphasic defibrillation of 115 J is equivalent to 200 J monophasic defibrillation
- b. Initial defibrillation should be 2 J/kg
- c. Initial defibrillation should be at 360 J monophasic energy
- d. The optimal current for ventricular defibrillation is 30 to 40 A

**13.** You are called to the home of an 88-year-old woman suffering from an acute pulmonary episode. The patient complains of extreme dyspnea. She is sitting upright but leaning forward and breathing through pursed lips; wheezing and rhonchi are evident. Initial assessment of this patient indicates that she is suffering from

- a. COPD
- b. Asthma
- c. ARDS
- d. Pneumonia

**14.** The signs and symptoms in the patient described above are indicative of

- a. Pneumonia
- b. Bronchitis
- c. Emphysema
- d. Asthma

**15.** Typical signs and symptoms of chronic bronchitis include

- a. Nonproductive cough
- b. Pink or red complexion
- c. Chronic cyanosis
- d. Pursed-lip breathing

**16.** All of the following are indicated in treatment of a patient in respiratory distress except

- a. Establishing an IV line
- b. Applying a cardiac monitor
- c. Pulse oximetry
- d. Withholding oxygen

**17.** Which of the following letters in the acronym OPQRST used in obtaining a history in a patient in respiratory distress is INCORRECT?

- a. O = onset
- b. S = sensitivity
- c. P = provocation
- d. Q = quality

**18.** Which of the following is indicative of a perfusion problem?

- a. Asthma
- b. Atherosclerosis
- c. Shock
- d. Carbon monoxide poisoning

**19.** Which of the following statements regarding obstructive airway disease is TRUE?

- a. A patient can manifest COPD and asthma at the same time
- b. Patients with emphysema are referred to as “blue bloaters”
- c. Patients with chronic bronchitis are referred to as “pink puffers”
- d. Childhood asthma usually persists throughout adulthood

**20.** The wife of a 50-year-old man calls for assistance for her husband, who is having a severe asthma attack. On arrival, the patient is in respiratory distress, with loud and rapid respirations and audible wheezing. The patient’s wife states that he has recently discontinued corticosteroid therapy. After administering oxygen, the next step should be to

- a. Administer CPAP
- b. Administer albuterol
- c. Administer BiPAP
- d. Administer ketamine

**21.** Inspiratory wheezing in the patient described above may indicate

- a. Upper airway occlusion
- b. Respiratory failure
- c. Secretions in the large airways
- d. Pneumonia

**22.** A PEFR test is most often used

- a. In patients in severe respiratory distress
- b. In children less than 5 years of age
- c. Before drug administration
- d. In patients with ARDS

**23.** The sister of an 85-year-old woman calls for assistance, stating that she thinks her sister is having a stroke. On arrival, the patient is conscious but slightly confused and her speech is slurred. Her sister states that a few moments ago, the patient appeared disoriented and did not seem to recognize her own name; she also has a history of hypertension. The patient states that she feels better and does not want to go to the hospital. Proper initial treatment for this patient should include

- a. Managing hypertension
- b. Establishing time of symptom onset and transporting
- c. Administering anticoagulant therapy
- d. Performing a CT scan

**24.** All of the following are useful in the diagnosis of stroke except

- a. CPSS
- b. LAPSS
- c. Medical history
- d. 50% Dextrose

**25.** The following statements regarding TIAs are true except

- a. The signs and symptoms of a TIA are the same as those of stroke
- b. A TIA is the most important predictor of a brain infarction
- c. TIAs are associated with permanent neurological damage
- d. Initial assessment of a patient with a TIA is the same as that of a stroke victim

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# EMT P Practice Test Answers

1. C. An anaphylactoid reaction is the most severe form of allergic reaction and is not mediated by an antigen-antibody reaction. A type I allergic reaction may lead to life-threatening anaphylaxis. Immunity can be natural or can be artificially induced through immunization.
2. D. Individuals in occupations that may involve prolonged exposure to latex, such as hairdressers, food handlers, healthcare workers, and tollbooth operators, are at high risk of latex allergy. Patients with asthma or with a genetic predisposition to allergies may also be at high risk; however, patients with allergic rhinitis are at no particular risk of latex allergy.
3. C. The first step in managing a patient with an anaphylactic reaction is to provide adequate airway support; the patient should be placed in a comfortable position and high-concentration oxygen should be administered. Intramuscular epinephrine may be given to patients with clinical signs of shock; however, intravenous epinephrine should only be given in rare instances and with authorization from medical direction. Saline is given only in the presence of hypotension or when the patient does not respond to epinephrine.
4. B. Beta-blockers can increase the severity of anaphylaxis and induce a severe reaction to epinephrine; however, beta agonists, antihistamines, corticosteroids, antiarrhythmics, and vasopressors may be given as additional drug therapy.
5. D. Signs of a mild allergic reaction include urticaria or hives, cramping or diarrhea, and bronchoconstriction; however, altered mental status, as indicated by a sense of impending doom, confusion, and agitation, is typically associated with anaphylaxis.
6. C. In performing defibrillation, paddles should not be placed over the sternum or over the generator of an implanted automatic defibrillator or pacemaker. Place one paddle to the right of the upper sternum below the clavicle and the other to the left of the left nipple immediately over the apex of the heart.
7. D. Various gels, creams, and pastes are useful in decreasing paddle-skin interface resistance; however, use only those made specifically for defibrillation and not for electrocardiogram monitoring. Pads soaked in saline are safe but those soaked in alcohol may ignite.
8. A. Nitroglycerin patches should be removed before defibrillation; placing paddles together can cause pitting, which may burn the patient. Alternating cardiopulmonary resuscitation with defibrillation may transfer gel from the patient's chest to the paddle handles. To remove an unwanted charge, simply turn off the defibrillator.
9. C. Asynchronous pacing is used less often than demand pacing, usually as only a last resort. Asynchronous pacing may be used in cases of asystole, to control tachydysrhythmia such as torsades de pointes, and in cases when artifact on the electrocardiogram interferes with its ability to read the actual heartbeat.

**10. B.** Transcutaneous cardiac pacing is primarily used in cases of symptomatic bradycardia, heart block associated with reduced cardiac output, or pacemaker failure. Cardiac pacing is usually ineffective in cardiac arrest or pulseless electrical activity and is not recommended in patients with open wounds or burns.

**11. D.** Resuscitation should not be attempted in patients with a valid Do Not Attempt Resuscitation (DNAR) order, in cases when vital functions have deteriorated, such as in patients with septic or cardiogenic shock, or in patients with asystole; however, resuscitation may be indicated in special cases, such as in young children or in those with hypothermia, electrolyte abnormalities, toxin exposure, or drug overdose.

**12. B.** Initial defibrillation should be attempted at 360 J monophasic energy; initial defibrillation for pediatric patients is 2 J/kg, followed by 4 J/kg if necessary. Biphasic defibrillation of 115 J is as effective as monophasic defibrillation of 200 J; the optimal current for ventricular defibrillation is 30 to 40 A.

**13. A.** Patients with chronic obstructive pulmonary disease (COPD) typically have an acute episode of worsening dyspnea and may be leaning forward to aid breathing. These patients may use accessory muscles as well as pursed-lip breathing to aid in respiration.

**14. C.** The thin, barrel-chest appearance of this patient, as well as the presence of wheezing, rhonchi, and pursed-lip breathing, are indicative of emphysema.

**15. C.** Typical signs and symptoms of chronic bronchitis include chronic cyanosis, productive cough, and resistance on inspiration; pink or red complexion, nonproductive cough, and pursed-lip breathing are indicative of emphysema.

**16. D.** In all patients in respiratory distress, the paramedic should establish an IV line and apply a cardiac monitor. Pulse oximetry and administration of high-concentration oxygen are also indicated; however, oxygen should not be withheld to avoid reduction of the hypoxic drive.

**17. B.** In the acronym OPQRST, used in obtaining a focused history in patients with respiratory distress, O = onset, P = provocation, Q = quality, R = region and radiation, S = severity, and T = time.

**18. C.** Conditions indicative of a perfusion problem include shock, anemia, pulmonary embolism, and trauma; asthma is indicative of a ventilation problem and atherosclerosis and carbon dioxide poisoning of diffusion problems.

**19. A.** Patients with chronic bronchitis and emphysema, known together as chronic obstructive pulmonary disease (COPD), may have both COPD and asthma at the same time but in varying degrees of severity. Patients with emphysema are referred to as “pink puffers” due to increased production of red blood cells; those with bronchitis are referred to as “blue bloaters” because they often appear cyanotic. In contrast to adult-onset asthma, childhood asthma usually improves or resolves with age.

**20. B.** The primary goal in managing an acute asthma attack is to ensure an adequate airway and reverse the bronchospasm. After administering high-concentration oxygen and consulting medical direction, the next step is usually to administer a fast-acting bronchodilator such as albuterol. Continuous positive airway pressure (CPAP) and biphasic positive airway pressure (BiPAP) should only be used if the patient has adequate spontaneous respirations; ketamine is used to sedate a patient before endotracheal intubation.

**21. C.** Inspiratory wheezing may indicate the presence of secretions in the large airways but does not necessarily indicate upper airway occlusion.

**22. C.** Peak expiratory flow rate (PEFR) tests are used in patients experiencing an acute asthma attack to determine baseline airflow before drug administration. PEFR tests are not useful in children less than 5 years of age or in patients in severe respiratory distress. Positive end-expiratory pressure (PEEP) is often used in patients with adult respiratory distress syndrome (ARDS).

**23. B.** Initial management of a stroke patient should include providing life support, confirming signs and symptoms, and establishing the time of stroke onset to determine whether fibrinolytic therapy should be administered; the patient should then be transported to the hospital as soon as possible for definitive care. Management of hypertension is not indicated in the initial treatment of stroke.

**24. D.** Both the Cincinnati Prehospital Stroke Scale (CPSS) and the Los Angeles Prehospital Stroke Screen (LAPSS) are useful in diagnosing stroke; if the patient is conscious, obtaining a medical history may also be useful. 50% dextrose is administered during glucose analysis only when indicated.

**25. C.** Transient ischemic attacks (TIAs) present with the same signs and symptoms as those of stroke; thus, assessment of a patient with a TIA is the same as that for a patient with stroke. TIAs are important predictors of brain infarction; however, they are not associated with permanent neurological deficits.

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