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Question: 1

Your 36-year-old female patient was found by family lying unconscious on the living room floor when they arrived home from shopping. You arrive to find the patient supine, responsive to painful stimuli, and shallow breathing. You note an empty bottle of Chlordiazepoxide next to the patient.
What should you administer as the antidote?

A. Glucagon
B. Atropine
C. Naloxone
D. Flumazenil

Answer: D

Explanation:
Chlordiazepoxide is a benzodiazepine used to treat mild depression and anxiety. The patient is exhibiting symptoms of a possible benzodiazepine overdose. Flumazenil is the medication of choice for benzodiazepine overdose. The initial dosage is 0.2 mg IV.
Naloxone is the antidote for narcotics. Glucagon is the antidote for beta blockers, and atropine is the antidote for cholinergics.

Question: 2

You are working in the ED when a 35-year-old male patient is brought in after being found unconscious outside in cold weather. The patient's body temperature is measured at 32°C (89.6°F). Upon assessment, the patient is shivering and has altered mental status.
Based on the body's response to hypothermia, which of the following statements is most accurate?

A. Peripheral vasoconstriction is a protective mechanism in hypothermic patients to conserve heat and maintain core temperature
B. Bradycardia and hypotension are common findings in hypothermic patients due to decreased sympathetic nervous system activity
C. Hypothermia causes an increase in metabolic rate and oxygen consumption to maintain core body temperature
D. Shivering ceases once the body temperature drops below 30°C (86°F) due to the depletion of glycogen stores

Answer: A

Explanation:

Peripheral vasoconstriction is a physiological response to hypothermia aimed at conserving heat and maintaining core body temperature. This mechanism reduces blood flow to the skin and extremities, redirecting blood flow to vital organs to prevent further heat loss.
Shivering is an involuntary response to hypothermia that generates heat through muscular activity.
Bradycardia and hypotension are common findings in severe hypothermia due to decreased metabolic rate and sympathetic nervous system activity, which serve to conserve energy and oxygen consumption.
Hypothermia decreases metabolic rate and oxygen consumption to preserve energy and minimize heat loss rather than increasing metabolic rate as seen in hyperthermia.
Therefore, peripheral vasoconstriction is the most accurate statement regarding the physiological response to hypothermia.

Question: 3

You are preparing to insert a tube thoracostomy on an adult female with a hemothorax secondary to an assault with a baseball bat. What tube size range is recommended?

A. 30-40 Fr
B. 26-36 Fr
C. 12-26 Fr
D. 36-40 Fr

Answer: D

Explanation:
Chest tube sizes range from 12-40 Fr. Drainage of blood or infection requires a larger tube size. For a hemothorax, the range of chest tube size recommended is 36-40 Fr.
For a tension pneumothorax, the size range of chest tubes is 12-26 Fr.
The chest tube size range for a pleural effusion is 26-36 Fr.
30-40 Fr. is a distractor.

Question: 4

You are treating a patient diagnosed with HELLP syndrome. What does the LP stand for in HELLP?

A. Left pneumothorax
B. Left-side paralysis
C. Low potassium
D. Low platelet count

Answer: D

Explanation:
HELLP syndrome is a form of preeclampsia in conjunction with the activation of the coagulation system. It is named for the symptoms of the syndrome: Hemolytic anemia, Elevated Liver enzymes, and Low Platelet count. Treatment of HELLP consists of antihypertensive, blood transfusions, and magnesium for seizure prevention.

The other answer options are incorrect.

Question: 5

Which of the following are the causes of a left shift in the oxyhemoglobin dissociation curve?

A. Decrease in PCO2, decrease in pH, and a decrease in temperature
B. Decrease in PCO2, an increase in pH, and a decrease in temperature
C. Increase in PCO2, increase in pH, and an increase in temperature
D. Increase in PCO2, decrease in pH, and an increase in temperature

Answer: B

Explanation:
The oxyhemoglobin dissociation curve represents the affinity of hemoglobin to bind to oxygen. In a left shift, the causes are a decrease in PCO2, an increase in pH, and a decrease in temperature. In a left shift, for a given partial pressure of oxygen, there is an increase in hemoglobin saturated with oxygen.
An increase in PCO2, a decrease in pH, and an increase in temperature are causes of a right shift in the oxyhemoglobin dissociation curve.
A decrease in PCO2, decrease in pH, and a decrease in temperature and an increase in PCO2, increase in pH, and an increase in temperature do not represent a left or right shift in the dissociation curve.

Question: 6

You are treating a 58-year-old male who complains of acute onset chest pain and shortness of breath. The patient has a decreased mental status, and his skin is pale and diaphoretic. Vital signs are P 192, R 28, and BP 70/54. The patient's ECG reveals a monomorphic, wide-complex tachycardi
a. What should you do?
A. Perform synchronized cardioversion
B. Administer adenosine 6 mg RIVP
C. Administer amiodarone 150 mg IVP
D. Perform vagal maneuvers

Answer: A

Explanation:
The patient is experiencing unstable wide-complex tachycardia. The first line treatment is synchronized cardioversion at 100 joules. Electrical conversion takes priority over medication conversion.
Adenosine and vagal maneuvers are indicated in stable narrow tachycardia and wide-complex tachycardia. Amiodarone is indicated in stable patients who don't respond to the adenosine.

Question: 7

You are transporting a 39-week-old pregnant female in pre-term labor. During transport, the patient delivers a baby girl with low birth weight. The neonate continues to have pallor, weak pulses below 60

beats per minute, and decreased capillary refill despite positive pressure ventilation (PPV) and chest compressions. You are unable to obtain peripheral vascular access and prepare to perform umbilical vein catheterization (UVC) to administer epinephrine. After advancing the catheter into the vein, you observe good blood return. How much farther should you advance the catheter?

A. 1–2 cm, for a total depth of 4–5 cm
B. 4–6 cm, for a total depth of 6–8 cm
C. 3–5 cm, for a total depth of 4–5 cm
D. 1–2 cm, for a total depth of 5–10 cm

Answer: A

Explanation:
Neonatal Resuscitation Program (NRP) guidelines recommend umbilical vein catheterization (UVC) when peripheral vascular access is not available during neonatal resuscitation. The umbilical vein is the largest of the three vessels in the umbilical cord (two arteries, one vein), making it the preferred access site.
To perform UVC:
Tie umbilical tape around the base of the cord.
Cut the cord approximately 1 cm from the skin to expose the vessels.
Identify the umbilical vein (larger and thin-walled compared to the two smaller arteries).
Insert and advance a preflushed catheter into the vein until blood return is observed.
Advance the catheter 1-2 cm further to ensure proper positioning for a total insertion depth of 4-5 cm in a term neonate.
Advancing the catheter too far risks entering the hepatic circulation, which can reduce the effectiveness of medication administration and increase the risk of complications like hepatic injury or extravasation.

Question: 8

A 65-year-old male presents to the ED with chest pain and shortness of breath. An ECG reveals evidence of a multifascicular block. Which of the following ECG findings is characteristic of a multifascicular block?

A. Prolonged PR interval and widened QRS complex
B. ST-segment elevation in leads II, III, and AVF
C. Saddle-shaped ST-segment depression in leads V1-V4
D. Presence of Q waves in leads I, aVL, and V6

Answer: A

Explanation:
Multifascicular block refers to a conduction abnormality involving the bundle branch and/or fascicular branches of the His-Purkinje system. The characteristic ECG findings of multifascicular block include a prolonged PR interval (indicative of AV nodal delay) and a widened QRS complex (indicative of bundle branch block). These abnormalities may manifest as Right Bundle Branch Block (RBBB), Left Bundle Branch Block (LBBB), or both, depending on the specific branches involved.

Q waves are often indicative of cardiac ischemia in any ECG lead. ST elevation in leads II, III, and aVF is indicative of an inferior wall MI. A saddle-shaped ST segment is not associated with a multifasicular block.

Question: 9

You are treating an 82-year-old male with a history of COPD. The patient states that he had a sudden onset of difficulty breathing and sharp chest pains. Upon assessment, you note the patient is breathing shallowly at 14/min and coughing up blood. Auscultation reveals absent lung sounds on the right side. You should suspect which of the following?

A. Pulmonary embolism
B. Cardiac tamponade
C. Tuberculosis
D. Spontaneous pneumothorax

Answer: D

Explanation:
All the choices are possible, but the major defining symptom is the absent breath sounds. A spontaneous pneumothorax is the only one to cause absent or diminished breath sounds. Patients with COPD are prone to spontaneous pneumothoraces.
Pulmonary embolism presents with a sudden onset of difficulty breathing but does not present with fever or absent breath sounds.
Cardiac tamponade has muffled heart sounds and chest pain but does not cause absent breath sounds or a fever.
Tuberculosis presents with coughing up blood, fever, and possible chest pain but no absent breath sounds.

Question: 10

You are transporting a 42-year-old female patient weighing 65 kg. She is post- CABG surgery and being transported to a specialty resource center by helicopter. Her ABGs are pH 7.42, PaCO2 38, PaO2 52, HCO3 25. Vent settings Vt 600, R 12, PEEP 5, FiO2 0.6.
Which of the following adjustments should be made to the ventilator?

A. Increase PEEP to 10
B. Decrease Vt to 500
C. Decrease FiO2 to 0.2
D. Increase FiO2 to 0.8

Answer: D

Explanation:
This patient's ABGs reflect hypoxia so adjustments need to be made. Hypoxic patients require an increase in PEEP or FiO2.

There are no conditions that suggest increased dead space, so increasing PEEP would not be of benefit to this patient.
Decreasing the Vt is not recommended in this patient. Increasing Vt would be indicated if this patient had an increased PaCO2.
Decreasing FiO2 would cause the patient more complications.

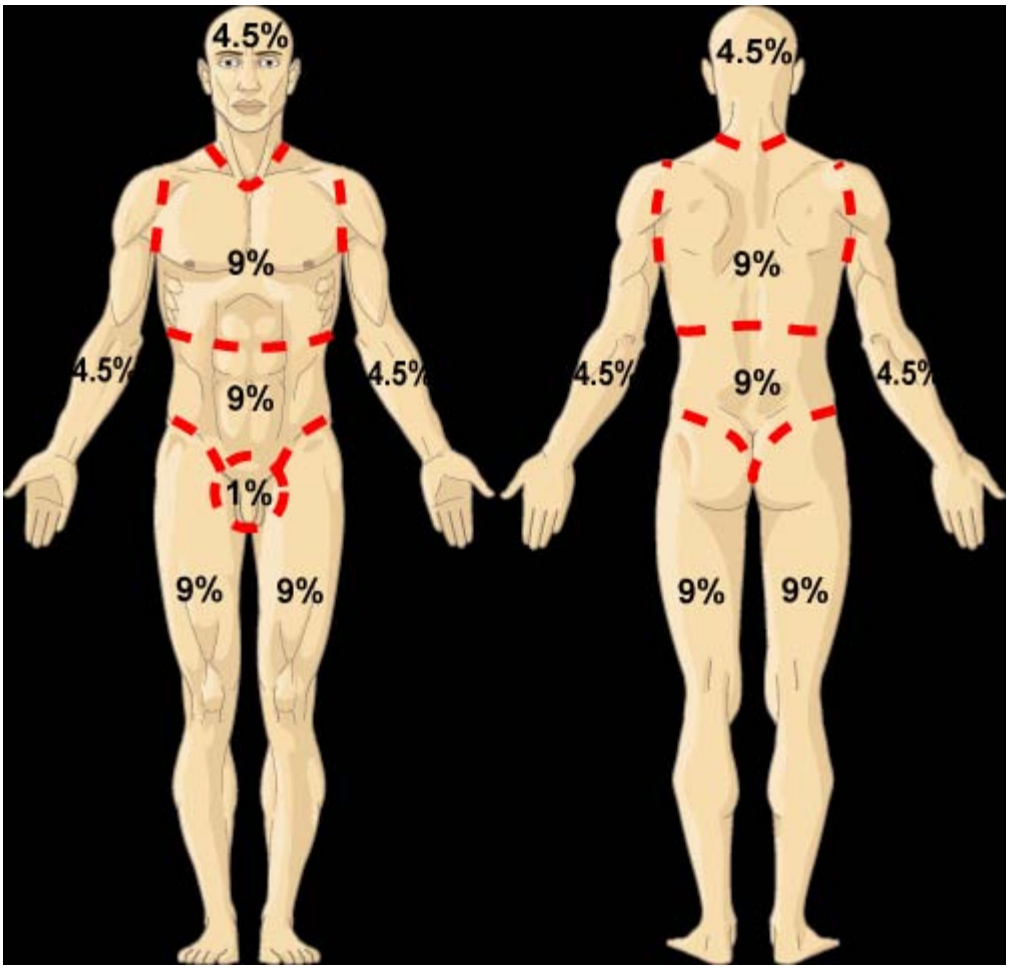
Question: 11

You are treating a 16-year-old male who was burned in a house fire. The patient has second degree burns to the right arm circumferentially, anterior chest, and right thigh. What is the TBSA percentage?

A. 18%
B. 38%
C. 22.5%
D. 36.5%

Answer: C

Explanation:
The Rule of Nines divides the body into multiples of nines. This patient has a TBSA of 22.5%. The right arm is 9%, the anterior chest is 9%, and the right thigh is 4.5% for a total of 22.5%.



Question: 12

You are treating a 15-year-old who was thrown off the back of an ATV. The patient landed on their back and hyperflexed their neck. The patient complains of severe neck pain and is struggling to breathe. Assessment reveals no intercostal muscle contraction with each breath. There is no visible chest injury, and auscultation reveals clear lung sounds.
At what level should you suspect the patient's spinal cord to be injured?

A. T1
B. T12
C. C1
D. C3

Answer: A

Explanation:
The intercostal muscles are not working, which is indicative of a spinal cord injury at the level of T1. The intercostal nerves that innervate the intercostal muscles are at T1-T11.

Injury at T12 could cause paraplegia but not affect the intercostal muscles.
The phrenic nerve is located at C3 and would cause failure of the diaphragm.
C1 injury could cause loss of feeling and movement, inability to breathe, and possibly complete paralysis.

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