

Personal Information (required)

NAME:

EMS#:

E-Mail

Emergency Medical Services - Continuing Education - Test

1. The respiratory structure that allows air to flow in and out of the lungs through contraction and relaxation of it's muscles is the

2. An adequate rate of breathing, or breaths per minute, for most adults is:

3. All of the following are signs of inadequate breathing except:

4. The preferred method of providing artificial ventilation is:

5. An adequate number of breaths per minute for artificial ventilation of infants and children is:

6. In an infant or child, bradycardia is a sign of:

7. If a patient is experiencing breathing difficulty but is breathing adequately, he or she should be placed in a:

8. All of the following are examples of COPD except:

9. The whistling sound from a narrowed bronchial airway is called:

10. A condition in infants and small children in which the movement of the diaphragm causes the chest and abdomen to move in opposite directions is called:

11. A harsh, high-pitched sound during breathing is called:

12. All of the following are examples of medications delivered via prescribed inhalers except:

13. An active process in which the intercostal muscles and the diaphragm contract causing air to flow into the lungs is known as:

14. A possible side effect from a prescribed inhaler is:

15. Sporadic, irregular breaths that are usually seen just before respiratory arrest are called:

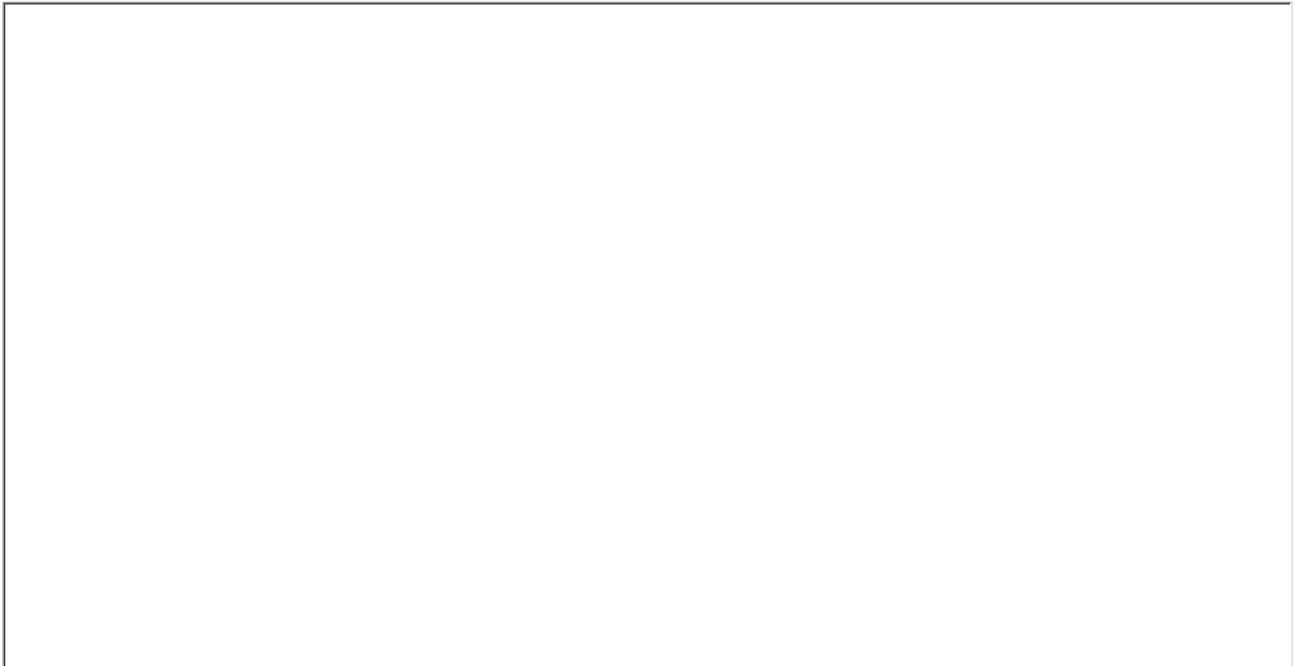
Essay Questions Below

Essay Questions - Please describe, *in detail*, the proper treatment and management of the following patients.

1. You are called to a residential house for shortness of breath. The patient's wife greets you at the door and says her husband came home from work and started complaining of SOB since then. As she walks you to the living room she explains that he seems to be getting worse. As you enter the living room you see a 32-year-old male patient in obvious respiratory distress, breathing about 44 BPM. The patient denies any history, medications, previous episode, or any recent drug abuse. He complains of slight abdominal pain, extreme thirst, but has been unable to take fluids by mouth for the last 3 days due to frequent vomiting that appeared to be normal in color. The patient's wife states that he has not felt right for the past 3 or 4 days. Assume that you have standing orders for all treatments.

All physical findings are normal except for the following:

1. CR > 3 seconds
2. BP 90/68
3. Sinus tach on the monitor
4. Lung sounds are clear
5. Poor skin turgor
6. Skin color flushed
7. Temp warm and dry



2. You have just begun to do your daily check off when the first call of the day interrupts you. En route, you are told that this is a possible respiratory arrest at a local dentist's office. The caller advised that the patient has a history of IDDM, and appears to be in respiratory arrest. You arrive at the office to find both the dentist and his assistant in a frantic state. Upon evaluation of the patient, you find a 35-year-old male sitting in a dental chair, who in fact is not in respiratory arrest, but is obviously in acute respiratory distress (so much that he cannot utter a single word), breathing 44 BPM with audible expiratory wheezes heard across the room. The dentist explains that he was preparing the patient for a tooth extraction, and after administering a local anesthetic, the patient began to become short of breath. He quickly goes over the patient's chart and you find that he is a new patient who stated that he had no allergies, but a history of being IDDM and was instructed not to eat anything this morning. The patient is responsive to verbal stimuli and his skin is cool and diaphoretic. Please describe in detail your treatment and management of this patient assuming all orders are given.

1. CR > 3 seconds
2. Rash and hives to chest and neck
3. Pale in color
4. Cool and diaphoretic
5. BP 90/60
6. Pulse 120 and regular
7. Takes insulin

