Bearamedics Protocol Test 1

Airway & Respiratory

Name: _____ Date: _____ Score: _____ / 25

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1. A patient has an SpO2 of 96% with no signs of hypoxia or respiratory compromise. Per Airway Management (#602), what oxygen therapy is indicated?

A. 2 L/min via nasal cannula
B. 15 L/min via non-rebreather
C. No supplemental oxygen
D. CPAP at 5 cm H2O

2. When applying oxygen, providers should use the simplest method to maintain an SpO2 of at least:

A. 90%
B. 92%
C. 94%
D. 100%

3. After placing any advanced airway, waveform capnography must be paired with a minimum of one additional confirmation method. Which is NOT a listed method?

A. Auscultation of lung and stomach sounds
B. Colorimetric CO2 detector device
C. Esophageal bulb detection device
D. Chest x-ray

4. For a symptomatic esophageal obstruction (base hospital order), the adult dose of Glucagon is:

A. 0.1 mg/kg IV
B. 1 mg IV followed by a rapid flush
C. 2 mg IM
D. 0.5 mg IV

5. Per the #602 notes, oxygen delivery for a patient in severe respiratory distress is:

A. 0.5–6 L/min nasal cannula
B. 15 L/min via non-rebreather mask
C. CPAP 3–15 cm H2O
D. Blow-by at 6 L/min

6. The adult ALS standing-order dose of Ipratropium Bromide for moderate bronchospasm (#616) is:

A. 250 mcg
B. 500 mcg
C. 2.5 mg
D. 5 mg

7. For adult severe bronchospasm, Magnesium Sulfate is administered as:

A. 1 Gm IV over 20 min, no repeat
B. 2 Gm IV over 20 min, may repeat once 5 min after the initial dose is complete
C. 4 Gm IV over 10 min
D. 50 mg/kg IM

8. Which finding is a listed indication of Magnesium Sulfate toxicity?

A. Hypertension
B. Hyperreflexia
C. Respiratory depression
D. Isolated bradycardia

9. If Magnesium Sulfate toxicity is suspected, the provider should contact base for orders for:

A. Calcium Chloride 1 Gm slow IVP
B. Sodium Bicarbonate 1 mEq/kg
C. Additional Magnesium
D. Diphenhydramine 50 mg

10. SCENARIO: A 58-year-old in severe asthma exacerbation remains in distress after albuterol, ipratropium, and magnesium. He has a history of COPD, no chest pain, no STEMI on the monitor, and no cardiac history. Per standing orders, your next medication is:

A. Epinephrine 1:1,000 0.01 mg/kg IM, not to exceed 0.3 mg
B. Epinephrine 1:10,000 1 mg IV push
C. A third dose of Magnesium 2 Gm
D. Nothing further without a base order

11. A stable pediatric croup patient receives which ALS treatment (#616)?

A. Epinephrine 1:1,000 0.15 mg IM
B. Albuterol 2.5 mg via HHN
C. Humidified oxygen via HHN/mask or blow-by
D. Magnesium Sulfate 50 mg/kg

12. Per Pulmonary Edema (#617), Nitroglycerin 0.4 mg SL should NOT be administered if the SBP is below:

A. 90 mmHg
B. 100 mmHg
C. 110 mmHg
D. 120 mmHg

13. Nitroglycerin paste for pulmonary edema is dosed as:

A. 0.5 inch (0.5 Gm)
B. 1 inch (1 Gm) after initial SL dose(s)
C. 2 inch (2 Gm)
D. Not carried in this protocol

14. The pediatric ALS standing orders for pulmonary edema (#617) are:

A. Nitroglycerin 0.2 mg SL
B. Albuterol 2.5 mg
C. None
D. CPAP only

15. The ALS adult dose of naloxone (Narcan) for suspected opioid overdose with inadequate respirations (#618) is:

A. Up to 1 mg IV/IM, repeat as needed
B. 4 mg IN in one nare
C. 2 mg IV push, no repeat
D. 0.1 mg/kg IV

16. The preferred route for Narcan administration is:

A. Intranasal
B. IV
C. IM
D. Sublingual

17. Which set of thresholds triggers ALS naloxone in a suspected adult opioid overdose?

A. Rate ≤ 8 bpm OR SpO2 < 94% OR ETCO2 > 45 mmHg
B. Rate ≤ 12 bpm OR SpO2 < 90%
C. SpO2 < 88% only
D. GCS < 8 only

18. SCENARIO: A 30-year-old is pulled from the surf, apneic and pulseless, with a reported submersion time of about 15 minutes. Per Drowning (#632), your first ventilation action is:

A. Begin compressions immediately and defer breaths
B. Deliver 5 initial rescue breaths prior to ventilations or compressions
C. Withhold resuscitation given the downtime
D. Intubate before any ventilation

19. According to the drowning protocol, the single most important predictor of outcome is:

A. Water temperature
B. Duration of submersion
C. Patient age
D. Fresh vs. salt water

20. Regardless of water temperature, providers should resuscitate all drowning patients with a known submersion time of:

A. ≤ 10 minutes
B. ≤ 25 minutes
C. ≤ 60 minutes
D. Any duration

21. A sudden increase in ETCO2 on the capnography waveform (#701) during cardiac arrest most likely indicates:

A. ET tube dislodgement
B. Return of spontaneous circulation (ROSC)
C. Bronchospasm
D. Hyperventilation

22. During CPR, providers should attempt to maintain an ETCO2 of at least:

A. 5 mmHg
B. 10 mmHg
C. 20 mmHg
D. 35 mmHg

23. The CPAP therapeutic range for pulmonary edema/drowning (#703) is:

A. 3.0–5.0 cm H2O
B. 5.0–7.5 cm H2O
C. 7.5–10.0 cm H2O
D. 15 cm H2O

24. CPAP should be discontinued (support with BVM) if the SBP drops below:

A. 80 mmHg
B. 90 mmHg
C. 100 mmHg
D. 110 mmHg

25. If endotracheal intubation is unsuccessful after the SECOND attempt (#717), the provider shall:

A. Attempt a third time
B. Proceed to a Supraglottic Airway (Procedure #718)
C. Perform a needle cricothyrotomy
D. Stop all airway management

Bearamedics Protocol Test 2

Cardiac & Arrest

Name: _____ Date: _____ Score: _____ / 25

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1. The adult Aspirin dose for cardiac chest pain / ACS (#640) is:

A. 81 mg PO enteric-coated
B. 162 mg PO non-enteric-coated chewable
C. 325 mg PO enteric-coated
D. 324 mg IV

2. For moderate/severe cardiac chest pain refractory to nitroglycerin, the initial Fentanyl dose (#640) is:

A. Fentanyl 25–50 mcg SLOW IV over 1 min, maintain SBP ≥ 100
B. Fentanyl 50–100 mcg IV push
C. Fentanyl 100 mcg IM
D. Fentanyl 2 mcg/kg IN

3. Which finding requires you to HOLD nitroglycerin and consult base in the ACS protocol?

A. Heart rate over 100
B. Evidence of right ventricular infarction (RVI)
C. Any chest pain
D. Diaphoresis

4. To evaluate for right ventricular infarction, all inferior STEMIs should be assessed for ST elevation in lead:

A. V1
B. V4R
C. aVL
D. Lead II

5. The correct mixing for Push-Dose Epinephrine 10 mcg/mL (1:100,000) is:

A. Mix 9 mL NS with 1 mL of Epinephrine 1:10,000
B. Mix 1 mL NS with 9 mL of Epinephrine 1:1,000
C. Mix 10 mL NS with 1 mL of Epinephrine 1:1,000
D. Use undiluted Epinephrine 1:10,000

6. In atraumatic cardiac arrest (#641), V-fib / pulseless V-tach is defibrillated at:

A. 200 J fixed
B. 360 J fixed
C. The maximum manufacturer setting
D. 2 J/kg

7. The adult Amiodarone dose for V-fib / pulseless V-tach in arrest is:

A. 150 mg IV/IO push, then 75 mg
B. 300 mg IV/IO push; 150 mg refractory dose if rhythm persists after 5 min
C. 5 mg/kg IV/IO
D. 1 mg IV/IO every 3–5 min

8. Epinephrine in atraumatic cardiac arrest should NOT be given:

A. After the first shock
B. During the first cycle of CPR
C. Before an advanced airway is placed
D. Until ETCO2 exceeds 20

9. After the 3rd shock in refractory V-fib / V-tach, the protocol says to consider:

A. Terminating resuscitation
B. Vector change defibrillation
C. Doubling the epinephrine dose
D. Switching to lidocaine and amiodarone together

10. Vector change defibrillation refers to changing pad placement between:

A. Anterior-lateral and anterior-posterior
B. Left and right arms
C. Sternum and apex only
D. Two anterior positions

11. The pediatric Amiodarone dose in cardiac arrest (#641) is:

A. 300 mg IV/IO push
B. 5 mg/kg IV/IO push, repeat every 5 min to a max of 15 mg/kg
C. 1 mg/kg IV/IO
D. 150 mg IV/IO over 10 min

12. When treating cardiac arrest, only one antiarrhythmic may be given per patient. Providers shall NOT switch between:

A. Amiodarone and Lidocaine
B. Epinephrine and Amiodarone
C. Atropine and Adenosine
D. Calcium and Bicarbonate

13. For stable adult SVT (#642), the Adenosine sequence is:

A. 12 mg, then 6 mg
B. 6 mg IV with a 20 mL NS bolus, then 12 mg with a 20 mL NS bolus (may repeat once)
C. 6 mg IV, no flush
D. 0.1 mg/kg then 0.2 mg/kg

14. Adenosine should be avoided in:

A. Sinus tachycardia
B. Atrial fibrillation and atrial flutter
C. Narrow-complex SVT
D. Wolff-Parkinson-White only

15. A typical adult SVT has a QRS width of:

A. < 0.09 seconds
B. < 0.12 seconds
C. ≥ 0.12 seconds
D. ≥ 0.16 seconds

16. Before synchronized cardioversion of an unstable tachycardia, the adult pre-medication is:

A. Midazolam up to 2 mg slow IV or 5 mg IN
B. Fentanyl 100 mcg IV
C. Ketamine 0.3 mg/kg
D. Diazepam 10 mg IV

17. For stable ventricular tachycardia with pulses (#643), Amiodarone is given as:

A. 300 mg IV/IO push
B. 150 mg IV/IO drip over 10 min; 150 mg refractory dose if rhythm persists after 5 min
C. 5 mg/kg over 30 min
D. 1 mg/kg slow IV

18. An irregular wide-complex tachycardia (Torsades de Pointes) requires:

A. Synchronized cardioversion at 50 J
B. Unsynchronized cardioversion (start 120 J in adults)
C. Adenosine 6 mg
D. Vagal maneuvers only

19. For adult symptomatic bradycardia (#644), Atropine is dosed as:

A. 1 mg IV, max 3 mg
B. 0.5 mg IV, repeat every 3–5 min, not to exceed 3 mg total
C. 0.5 mg IV once only
D. 0.02 mg/kg IV

20. SCENARIO: A patient in extremis has a high-degree AV block with a wide QRS, is refractory to atropine, and you cannot rapidly establish access. Per #644, your next intervention is:

A. Repeat atropine to 5 mg
B. Transcutaneous Pacing (TCP, Procedure #716)
C. Immediate synchronized cardioversion
D. Amiodarone 150 mg

21. Pediatric bradycardia is most commonly caused by, and treatment should focus on:

A. Beta-blocker overdose; give glucagon
B. Hypoxia; focus on ventilation and oxygenation
C. Vagal tone; give atropine first
D. Hyperkalemia; give calcium

22. When initiating Transcutaneous Pacing (#716), the initial heart rate is set at:

A. 60 bpm
B. 70 bpm
C. 80 bpm
D. 100 bpm

23. During TCP, the output (mA) is increased in increments of:

A. 1–2 mA
B. 5 mA
C. 10–20 mA until capture is noted
D. 50 mA

24. The target adult compression rate during High Performance CPR (#712) is:

A. 80/min
B. 100/min fixed
C. 110/min (range 100–120)
D. 130/min

25. During adult HPCPR, a pulse check is indicated when there is an organized rhythm greater than:

A. 40 BPM
B. 50 BPM
C. 60 BPM
D. Any organized rhythm

Bearamedics Protocol Test 3

Medical

Name: _____ Date: _____ Score: _____ / 25

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1. For adult acute pain (#603), the Fentanyl standing-order dose is:

A. 25–50 mcg SLOW IV
B. 50–100 mcg SLOW IV over 1 min, repeat after 5 min (max 200 mcg)
C. 1.5 mcg/kg IN
D. 100 mcg IM once only

2. The Ketamine alternative for adult acute pain (#603) is:

A. 0.3 mg/kg (max 30 mg) in 100 mL NS over 10 min, one time
B. 1 mg/kg IV push
C. 0.5 mg/kg IV over 1 min
D. 2 mg/kg IM

3. Which is NOT a listed contraindication to Ketamine in the Pain Management protocol?

A. Pregnancy
B. History of schizophrenia
C. Isolated extremity injury
D. Coronary chest pain

4. If a patient becomes responsive to painful stimuli following IO placement, the provider may give:

A. Fentanyl 25 mcg IO
B. Lidocaine 0.5 mg/kg (max 40 mg) slow IO push over 60 seconds
C. Ketamine 0.3 mg/kg IO
D. Midazolam 2 mg IO

5. Ketamine administration to pediatric patients in San Luis Obispo County is:

A. Approved at 0.5 mg/kg
B. Approved for multisystem trauma only
C. NOT approved
D. Approved with a base order

6. For adult anaphylaxis (#611), the ALS Epinephrine standing order is:

A. 1:10,000 0.5 mg IV
B. 1:1,000 0.01 mg/kg IM, not to exceed 0.5 mg, may repeat every 5 min (max 3 doses)
C. 1:1,000 0.3 mg IM once only
D. 0.15 mg auto-injector only

7. For skin signs only (itching / rash / hives / flushing) in an adult, the treatment is:

A. Epinephrine 1:1,000 0.3 mg IM
B. Diphenhydramine 50 mg IV/IM
C. Albuterol 2.5 mg
D. Methylprednisolone 125 mg

8. If you are unsure whether a reaction is an allergic reaction or anaphylaxis, you should:

A. Withhold epinephrine and observe
B. Treat as suspected anaphylaxis and give Epinephrine early
C. Give diphenhydramine only
D. Contact base before any treatment

9. An adult diabetic emergency (#612) is defined by a blood glucose below:

A. 40 mg/dL
B. 60 mg/dL
C. 70 mg/dL
D. 80 mg/dL

10. For an unstable adult hypoglycemic patient, Dextrose 10% (250 mL bag) is given as:

A. 50 mL IV
B. 150 mL IV, recheck BG after 5 min
C. 250 mL IV wide open
D. 25 Gm rapid push

11. If an IV cannot be established after 2 attempts in an adult hypoglycemic patient, give:

A. Glucagon 1 mg IM
B. Glucagon 0.1 mg/kg IM
C. Oral glucose 15 Gm regardless of LOC
D. Dextrose 50% IM

12. The mnemonic used to evaluate the possible causes of altered mental status is:

A. SAMPLE
B. OPQRST
C. AEIOU-TIPS
D. AVPU

13. For an adult behavioral emergency (#613), the Midazolam standing order is:

A. Up to 5 mg SLOW IV or 5 mg IM/IN, may repeat once after 5 min
B. 10 mg IM once
C. 0.5 mg/kg IV
D. 2 mg IV only

14. SCENARIO: A patient with a tricyclic overdose shows tachycardia and QRS widening greater than 0.1 seconds. Per #614, the treatment is:

A. Calcium Chloride 1 Gm
B. Sodium Bicarbonate 1 mEq/kg IV/IO, repeat every 10 min at half the initial dose
C. Atropine 2 mg
D. Glucagon 3–10 mg

15. For a calcium channel blocker overdose, the adult base-order treatment (#614) is:

A. Glucagon 3–10 mg
B. Calcium Chloride 1 Gm slow IV/IO
C. Atropine 2 mg
D. Sodium Bicarbonate 1 mEq/kg

16. The adult dose of Activated Charcoal (alert, normal gag, ingestion within 1 hour) is:

A. 25 Gm PO
B. 50 Gm PO
C. 1 Gm/kg PO
D. 100 Gm PO

17. Activated Charcoal is contraindicated for the ingestion of:

A. Acetaminophen
B. Caustics, corrosives, or hydrocarbons
C. Benzodiazepines
D. Aspirin

18. For severe nausea/vomiting with IV access (#615), Ondansetron is dosed as:

A. 4 mg slow IV over 1 min, repeat every 20 min, max 12 mg total
B. 8 mg IV push
C. 4 mg IM only
D. 0.15 mg/kg IV

19. For adult medical shock/hypotension (#619), the initial Normal Saline bolus is:

A. 250 mL, no repeat
B. 500 mL IV/IO, repeat x1 if hypotension persists
C. 1 liter wide open
D. 20 mL/kg

20. For persistent adult hypotension after fluids (#619), the vasopressor is:

A. Push-Dose Epinephrine 10 mcg/mL, 1 mL IV/IO every 1–3 min, titrated to SBP > 90
B. Dopamine 5 mcg/kg/min
C. Epinephrine 1:1,000 0.3 mg IM
D. Norepinephrine drip

21. For an adult in active seizure (#620), the Midazolam standing order is:

A. 5 mg SLOW IV or 5 mg IM/IN, may repeat once after 5 min
B. 2 mg IV only
C. 10 mg IM
D. 0.2 mg/kg IV

22. SCENARIO: A patient who is pregnant (or up to 6 weeks postpartum) presents in active seizure with concern for eclampsia. Per #620, you should request:

A. Midazolam only
B. Magnesium Sulfate AND Midazolam (Mag 4 Gm IV over 20 min)
C. Labetalol
D. Calcium Chloride

23. STROKE ALERT criteria (#621) are met when there is any BE-FAST finding AND the last-seen-normal time is within:

A. 3 hours
B. 4.5 hours
C. 6 hours
D. 12 hours

24. In the BE-FAST assessment, the 'T' that starts the clock refers to:

A. Time symptoms were first noticed
B. Time last seen normal
C. Time of EMS dispatch
D. Time of arrival at hospital

25. The minimum COWS score for a patient to qualify for Buprenorphine in opioid withdrawal (#622) is:

A. ≥ 5
B. ≥ 8
C. ≥ 13
D. ≥ 25

Bearamedics Protocol Test 4

Trauma / Environmental / OB-Peds

Name: _____ Date: _____ Score: _____ / 25

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1. In General Trauma (#660), you must communicate to base if the SBP is at or below what value, at ANY time?

A. 100 mmHg
B. 90 mmHg
C. 80 mmHg
D. 70 mmHg

2. The adult trauma hypotension fluid order (#660) is:

A. Normal Saline up to 500 mL IV, may repeat x1
B. Normal Saline 1 liter wide open
C. Lactated Ringers only
D. No fluids until at trauma center

3. Tranexamic Acid (TXA) is indicated only for patients aged:

A. ≥ 12 years
B. ≥ 15 years
C. ≥ 18 years
D. Any age

4. A pelvic binder (#713) is indicated when which of the following is true?

A. Any pelvic pain alone
B. ALL of: high-risk mechanism, pelvic/low back/groin pain, and SBP ≤ 90
C. Isolated hip dislocation
D. Any fall from standing

5. A pelvic binder should be centered at the level of the:

A. Iliac crests
B. Umbilicus
C. Greater trochanters
D. Pubic symphysis

6. TXA (#714) is contraindicated when the injury occurred more than:

A. 1 hour ago
B. 2 hours ago
C. 3 hours ago
D. 6 hours ago

7. The landmarks for needle thoracostomy (#705) on the affected side are:

A. Mid-clavicular 2nd intercostal space OR mid-axillary 4th intercostal space
B. Mid-clavicular 5th intercostal space
C. Sternal border 3rd intercostal space
D. Mid-axillary 6th intercostal space

8. In traumatic cardiac arrest (#661), Epinephrine and Amiodarone should NOT be used unless:

A. The patient is under 40
B. The arrest is suspected to be of medical origin
C. The downtime exceeds 20 minutes
D. A base order is obtained

9. SCENARIO: A patient in traumatic cardiac arrest after EMS arrival has a mechanism and exam suspicious for chest trauma. Per #661, an appropriate ALS intervention is:

A. Bilateral needle thoracostomy
B. Immediate epinephrine 1 mg
C. Amiodarone 300 mg
D. Withhold all treatment

10. A tourniquet (#706) should be applied how far proximal to the wound?

A. Directly over the wound
B. 2–4 inches proximal
C. At the nearest joint
D. As high as possible on the limb

11. After applying a tourniquet, the provider should document the time of placement:

A. In the PCR only
B. ON the tourniquet device, and keep it visible/uncovered
C. On the patient's forehead
D. Only at hospital handoff

12. A hemostatic dressing is indicated when bleeding persists despite other measures for greater than:

A. 1 minute
B. 3 minutes
C. 5 minutes
D. 10 minutes

13. Which patient requires Spinal Motion Restriction (#702)?

A. A 70-year-old with any spinal-area pain after a fall
B. A cooperative patient with no spinal pain and a normal exam
C. A penetrating torso wound with no neuro deficit
D. An ambulatory patient with a stubbed toe

14. A patient with a penetrating injury to the torso and NO neurologic deficit requires:

A. Full backboard immobilization
B. A cervical collar only
C. No form of SMR
D. SMR only if intoxicated

15. The first step in managing a thermal burn (#662) is to:

A. Apply ice packs
B. Stop the burning process (cool initially with tepid water, no ice)
C. Apply antibiotic ointment
D. Debride the wound

16. SCENARIO: You respond to a rattlesnake bite to the forearm. Per Bites/Stings/Snake Bites (#630), appropriate care includes:

A. Apply ice and a constricting band
B. Incise and suction the venom
C. Mark the area of swelling and record the time; remove constricting items; do not delay transport
D. Elevate above the heart and apply a tourniquet

17. For a jellyfish (marine) envenomation (#630), providers should:

A. Apply heat immediately
B. Rinse with Normal Saline (vinegar or baking soda if available); do not apply heat
C. Rinse with fresh water
D. Scrub the site vigorously

18. In a hypothermic patient (#631), pulses may be difficult to obtain and should be checked for:

A. 5–10 seconds
B. 15 seconds
C. 30–45 seconds
D. 60–90 seconds

19. During childbirth (#650), the umbilical cord should be cut and clamped:

A. At the placental end
B. 6 inches from the newborn's umbilicus
C. 2 inches from the newborn's umbilicus
D. Only after the placenta delivers

20. For a prolapsed cord (#650), the mother should be placed in:

A. Supine, legs flat
B. Knee-chest position, with the presenting part pushed slightly off the cord (do not push the cord back)
C. Left lateral only
D. Trendelenburg with legs crossed

21. In newborn care (#651), chest compressions are started when the heart rate falls below:

A. 100 BPM
B. 80 BPM
C. 60 BPM
D. 40 BPM

22. The compression-to-ventilation ratio for a newborn/neonate is:

A. 30:2
B. 15:2
C. 10:1
D. 3:1

23. An amputated body part should be:

A. Placed directly on ice
B. Wrapped in a dry dressing, placed in a waterproof container, and kept on ice/cooling (do not freeze)
C. Submerged in saline
D. Left at the scene

24. For an abdominal evisceration, the exposed contents should be covered with:

A. A dry sterile dressing
B. A moist saline dressing
C. An occlusive/chest seal
D. Nothing until surgery

25. For an unstable pelvic-injury patient, before ALS evaluation BLS responders should (#660/#713):

A. Rock or 'spring' the pelvis to confirm instability
B. Avoid unnecessary movement and consider preparing for pelvic binder placement
C. Log-roll repeatedly to inspect
D. Apply a traction splint

Bearamedics Protocol Test 5

Formulary

Name: _____ Date: _____ Score: _____ / 25

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1. SCENARIO: A 34-year-old restrained driver has a penetrating abdominal wound with an SBP of 82. The injury occurred about 40 minutes ago and bleeding is not controlled by direct pressure. Per formulary, the correct TXA administration is:

A. 1 Gm IV/IO push over 60 seconds
B. 1 Gm in 100 mL NS IV/IO infused over more than 10 minutes
C. 2 Gm in 100 mL NS over 20 minutes
D. TXA is contraindicated because the SBP is below 90

2. TXA is contraindicated once the time since injury exceeds:

A. 1 hour
B. 2 hours
C. 3 hours
D. 6 hours

3. The rate of TXA administration should not exceed:

A. 50 mg/min
B. 100 mg/min
C. 150 mg/min
D. 250 mg/min

4. Which drug is a Base Hospital Order Only that precipitates calcium chloride and inactivates catecholamines, so the line must be flushed before and after administration?

A. Magnesium sulfate
B. Sodium bicarbonate
C. Amiodarone
D. Dopamine

5. Sodium bicarbonate may be considered in a suspected tricyclic overdose when the EKG shows:

A. Peaked T waves
B. QRS widening greater than 0.1 seconds
C. ST elevation
D. A prolonged QT interval

6. The adult ondansetron dose is 4 mg slow IV push. Rapid administration may result in:

A. Bradycardia
B. Syncope
C. Hypertension
D. Seizure

7. Ondansetron may be given without a base physician order to patients weighing:

A. Greater than 20 kg
B. Greater than 34 kg
C. Greater than 50 kg
D. Any weight

8. Nitroglycerin is contraindicated when the systolic blood pressure is:

A. Less than 120
B. Less than 110
C. Less than 100
D. Less than 90

9. Nitroglycerin is contraindicated for how long after a patient has taken tadalafil (Cialis)?

A. 12 hours
B. 24 hours
C. 36 hours
D. 48 hours

10. Naloxone has a duration of roughly 45 minutes. The most important clinical implication of this is:

A. It can only be given IM
B. Sedation and respiratory depression may recur as it wears off, so re-dosing may be needed
C. It cannot be repeated
D. It should never be used before intubation

11. The maximum total adult fentanyl dose without base orders is:

A. 100 mcg
B. 150 mcg
C. 200 mcg
D. 250 mcg

12. Fentanyl is contraindicated when the systolic blood pressure is below:

A. 80
B. 90
C. 100
D. 110

13. Per the formulary, morphine sulfate is to be used ONLY:

A. At the paramedic's discretion
B. Under order of the LEMSA medical director if fentanyl is unavailable
C. For cardiac chest pain only
D. When the patient reports an opioid allergy

14. The adult midazolam dose for an active, continuous seizure is:

A. 2 mg slow IV
B. 5 mg slow IV, or 5 mg IM/IN
C. 10 mg IM
D. 0.2 mg/kg IV

15. For adult pre-cardioversion sedation, midazolam is dosed up to:

A. 2 mg slow IV
B. 5 mg slow IV
C. 10 mg IM
D. 0.1 mg/kg IN

16. A severe asthmatic remains in respiratory distress after albuterol, ipratropium, and epinephrine. The refractory adult magnesium sulfate order is:

A. 1 Gm IV push
B. 2 Gm IV in normal saline over 20 minutes
C. 4 Gm IV over 10 minutes
D. 50 mg/kg IV push

17. If magnesium sulfate toxicity or overdose is suspected, the formulary directs you to consult base to give:

A. Sodium bicarbonate
B. Calcium chloride
C. Naloxone
D. Atropine

18. The adult amiodarone dose for VF / pulseless VT is:

A. 150 mg IV/IO push, refractory 75 mg
B. 300 mg IV/IO push, refractory 150 mg
C. 300 mg IV/IO over 10 minutes
D. 5 mg/kg IV/IO push

19. Amiodarone and lidocaine share several contraindications. Which one is listed for both?

A. Sinus tachycardia
B. Third-degree heart block
C. Atrial fibrillation
D. Hypertension

20. Lidocaine may be substituted as a backup to amiodarone only:

A. When the patient is allergic to amiodarone
B. With SLOEMSA authorization when amiodarone stock is unavailable
C. At the paramedic's discretion
D. In pediatric arrests only

21. For adult SVT refractory to a valsalva maneuver, the adenosine sequence is:

A. 12 mg, then 6 mg rapid IV
B. 6 mg rapid IV, then 12 mg rapid IV
C. 6 mg, then 6 mg rapid IV
D. 0.1 mg/kg, then 0.2 mg/kg

22. Push-dose epinephrine (10 mcg/mL) is mixed by combining:

A. 1 mL of 1:1,000 with 9 mL NS
B. 1 mL of 1:10,000 (0.1 mg/mL) with 9 mL NS
C. 1 mg of 1:10,000 with 1 L NS
D. 400 mg in 250 mL NS

23. Which drug is Base Hospital Order Only AND may be inactivated by alkaline solutions such as sodium bicarbonate?

A. Amiodarone
B. Dopamine
C. Adenosine
D. Atropine

24. In pediatric symptomatic bradycardia, the first-line drug per the formulary is:

A. Atropine
B. Epinephrine 1:10,000
C. Dopamine
D. Epinephrine 1:1,000

25. Buprenorphine is indicated for opioid withdrawal but is contraindicated with recent methadone use within the last:

A. 3 days
B. 7 days
C. 10 days
D. 14 days