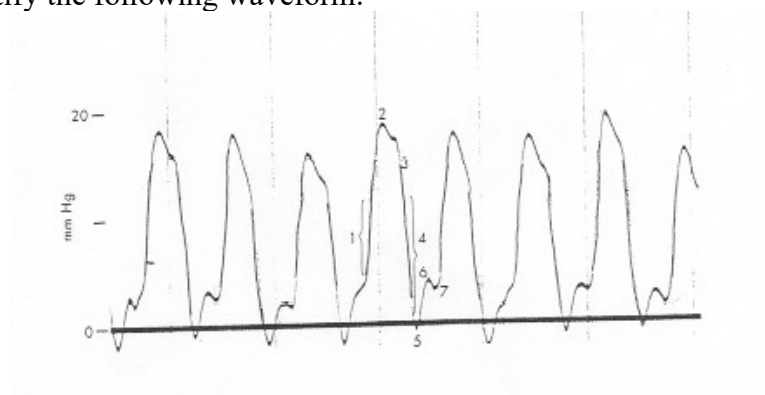




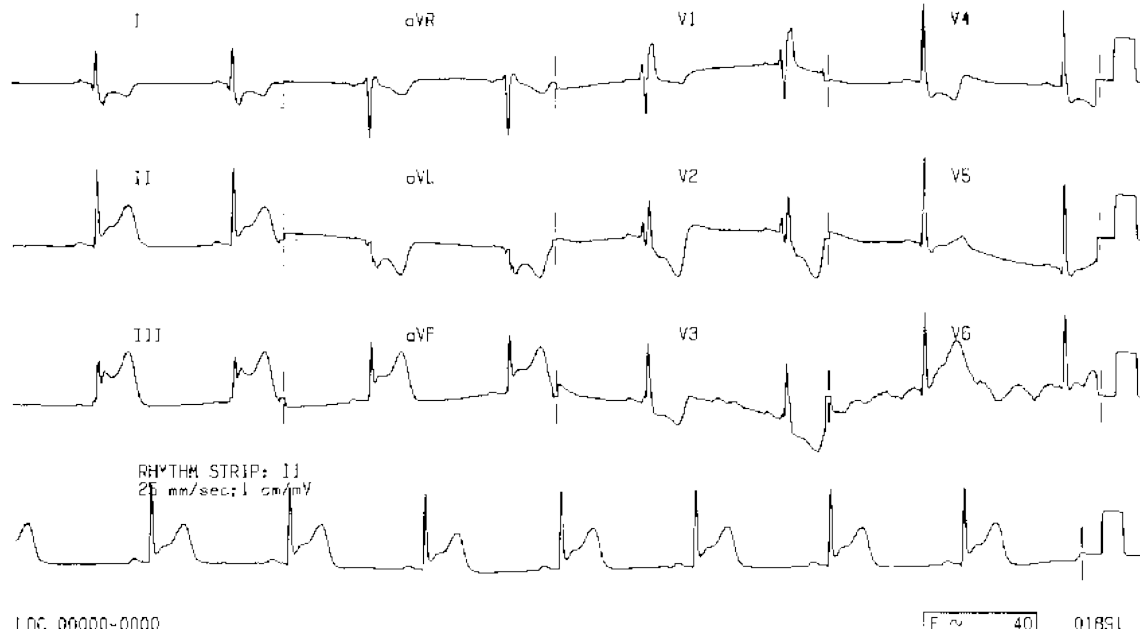
## FPC/CFRN Review Exam Version A

1. Normal value for monitoring PA pressures are:
  - A. 2-6/8 – 14 mmHg
  - B. 15 – 25/8 – 15 mmHg
  - C. 25 – 35/20 – 30 mmHg
  - D. None of the above
  
2. Identify the following waveform:



- A. PA waveform
- B. RA waveform
- C. RV waveform
- D. Arterial waveform

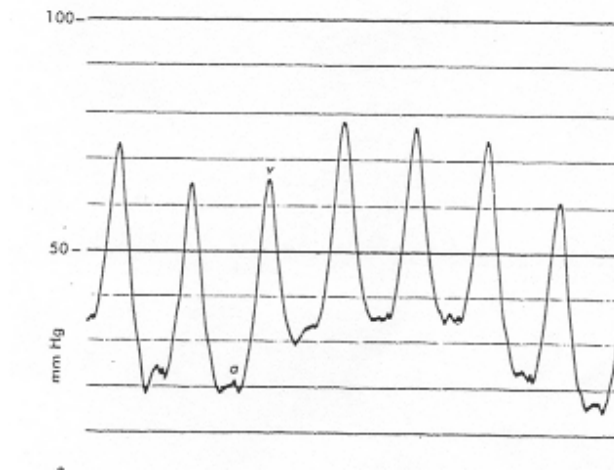
3. 66 YOM complaining of chest pain for 3 hours. The 12 lead shows:



- A. Anterolateral MI
  - B. Inferior wall MI
  - C. Posterior wall MI
  - D. Lateral MI
4. Initial intervention for managing a patient presenting with bariobariatrauma is?
- A. Administer high flow oxygen
  - B. Decrease oxygen to 4 L/min by NC
  - C. Administer high flow oxygen by NRM 15 minutes prior to lift off
  - D. Maintain cabin pressure at 2500 feet
5. You are on the scene of a 21 YOM gunshot wound to the left chest. The left chest has been decompressed with a needle. The patient is intubated and continues to de-saturate and you note an increase in SQ air. How will manage this patient?
- A. Re-needle the left chest
  - B. Advance ET tube below the level of the injury; right main stem intubation
  - C. Decrease respiratory rate down to 10 per minute
  - D. Insert a chest tube

6. Drug of choice for treating a GI bleed is?
- A. Normal saline
  - B. Nipride
  - C. Whole blood
  - D. Sandostatin
7. Your patient has an ICP of 28. BP is 100/60. His cerebral perfusion pressure is approximately?
- A. 100 mmHg
  - B. 70 – 90 mmHg
  - C. 60 mmHg
  - D. < 50 mmHg
8. An expanding ETT cuff in flight is an indication of what gas law?
- A. Henry's
  - B. Dalton's
  - C. Boyle's
  - D. Charles
9. You are transporting a 30 YOM involved in a MCA from an outerlying facility. The 70 kg patient is on a ventilator with FIO<sub>2</sub> 1.0, V<sub>t</sub> 500, Rate 16, PIP 22 and Peep 5. The ABG results are pH 7.01, pCO<sub>2</sub> 68, HCO<sub>2</sub> 12, base deficit – 8, pO<sub>2</sub> 280. Interpretation of the blood gas reveals?
- A. Mixed disturbance
  - B. Metabolic acidosis
  - C. Respiratory acidosis
  - D. Compensated respiratory acidosis

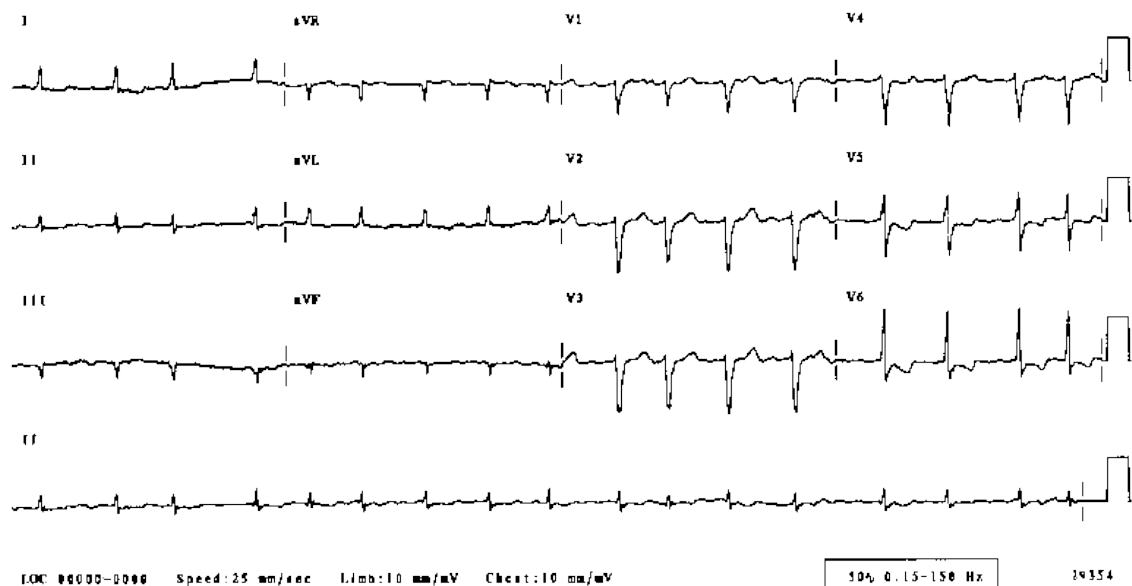
10. You notice that your patient has the following waveform and is showing VT on the monitor. Your initial intervention of the patient is to?



- A. Synchronize cardiovert
  - B. Advance catheter by inflating the balloon
  - C. Administer precordial thump
  - D. Pull catheter back into the right ventricle
11. Pediatric dose for Epinephrine is?
- A. 0.1 mg/kg IV
  - B. 0.01 mg/kg ETT
  - C. 1 mg IV
  - D. 0.01 mg/kg IV
12. You arrive on the scene of 21 YOF involved a single roll-over accident who is approximately 28 weeks pregnant. Your assessment reveals palpation of fetal parts over the abdomen. What is your diagnosis of the patient?
- A. Liver laceration
  - B. Uterine rupture
  - C. Placenta previa
  - D. Abruptio placenta
13. Your IABP begins to purge during ascent. The triggering mechanism for this function was initiated as a result of which gas law?
- A. Boyle's law
  - B. Gay-Lussac's law
  - C. Charles' law
  - D. Henry's law

14. Beta-blockers are contraindicated with?
- A. Narcotic overdose
  - B. TCA overdose
  - C. Cocaine overdose
  - D. Aspirin overdose
15. The pediatric patient may be pre-treated with which medication prior to administering Anectine?
- A. Etomidate
  - B. Atropine
  - C. Vasopressin
  - D. Vecuronium
16. How should your flight suit fit to provide space of insulation per CAMTS recommendations?
- A. ½ inch
  - B. 1 inch
  - C. Skin tight so I look really hot for the firefighters on scene
  - D. ¼ inch

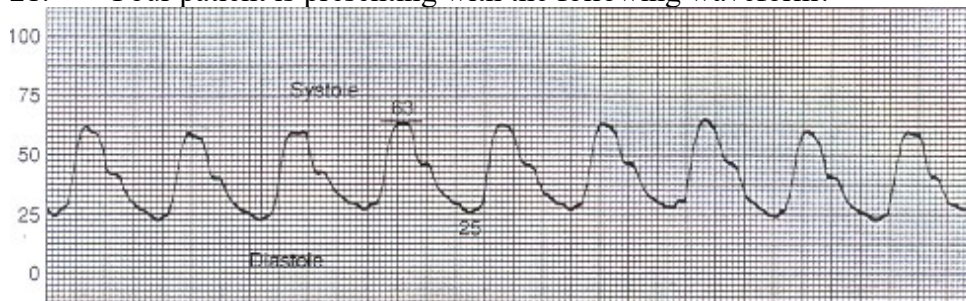
17. The following 12 Lead is a result of which possible condition?



- A. Digoxin toxicity
- B. TCA overdose
- C. Narcotic overdose
- D. Pleural effusion

18. You are beginning to prepare for landing and you have news reporter riding along for the day. You see a high-rise tower at 1100 high. Sterile cockpit applies how?
- A. The news reporter can speak anytime during the flight
  - B. Flight crew members are the only one allowed to speak
  - C. Say nothing about the high rise tower
  - D. Pilot is the only crew member to speak during all phases of flight
19. You have responded to a fire in a building with 5 victims. You notice that a large portion of the synthetic carpet has been burned in the room where you are treating the patients. The patients are exhibiting increasing signs of respiratory distress and coughing after high oxygen has been applied. What may be causing the patients signs and symptoms?
- A. Cyanide
  - B. Ammonia
  - C. Carbon dioxide
  - D. Hydrocarbon
20. You have just crash landed your aircraft and your pilot has asked you to exit the aircraft. What should you take with you?
- A. Helmet
  - B. Bags of normal saline
  - C. Survival kit
  - D. Seat cushion

21. Your patient is presenting with the following waveform?



- A. CVP
- B. PA
- C. Arterial waveform
- D. RV

22. You are en-flight with a 70 YOM cardiac patient on 6 L of oxygen by NC. You are at 5,000 feet and the patient is becoming hypoxic. What is your initial intervention for this patient?
- A. Decrease cabin pressure
  - B. Increase oxygen delivery to the patient
  - C. Administer fluid bolus to increase perfusion to the heart
  - D. RSI and intubate the patient
23. You are managing a burn patient who weighs 90 kg with a 65 % BSA. How much fluid should this patient receive in the first 8 hours when using the Parkland formula?
- A. 23, 400 ml
  - B. 11, 700 ml
  - C. 8450 ml
  - D. 5,850 ml
24. The balloon has dislodged when treating your IABP patient. Which is the most common site that will be affected?
- A. Right radial
  - B. Left radial
  - C. Right femoral
  - D. Left femoral
25. You are transporting a 32 week premature neonate with respiratory distress. Which drug may be administered in preparation for transport?
- A. Antibiotics
  - B. Surfactant
  - C. D10
  - D. Prostaglandin
26. You are transporting a 30 YOM who was involved in a MVC. He has a closed femur fracture with a history of drinking and driving. Which problems may occur in flight?
- A. Histotoxic, Hypemic
  - B. Hypoxic, Stagnant
  - C. Stagnant, Hypemic
  - D. Hypoxic, Hypemic

27. What is your basic management for warming a hypothermic patient?
- A. Active external, passive external, active internal warming
  - B. Passive external warming, active external, active internal warming
  - C. Active passive, active internal and passive external warming
  - D. Administer drugs and intubate
28. A neonate who is experiencing repetitive motions of a bicycling type action with lip smacking is presenting with what type of seizure?
- A. Subtle
  - B. Tonic
  - C. Clonic
  - D. Myoclonic
29. Your patient is PDA dependent. This would indicate likely require the administration of which of the following drugs:
- A. Indomethacin
  - B. Progesterone
  - C. Prostaglandin
  - D. Synthetic surfactant
30. Which of the following would calculate an appropriate ETT size for a pediatric patient?
- A.  $(\text{age} + 12)/4$
  - B.  $\text{Age} + (16/4)$
  - C.  $(\text{Age} + 16)/4$
  - D.  $\text{Age}/4 + 4$
31. The patient is a breech presentation and delivery appears to be halted upon delivery of the head. The appropriate action would be to?
- A. Initiate rapid transport, placing mother in a knee-chest position
  - B. Administer tocolytic agents
  - C. Perform Trousseau's maneuver
  - D. Perform Mauriceau's maneuver
32. The hallmark indicator that rhabdomyolysis is occurring in a hyperthermic patient is?
- A. Altered mental status
  - B. Elevated creatinine kinase
  - C. Hyperthermia
  - D. Increased BUN



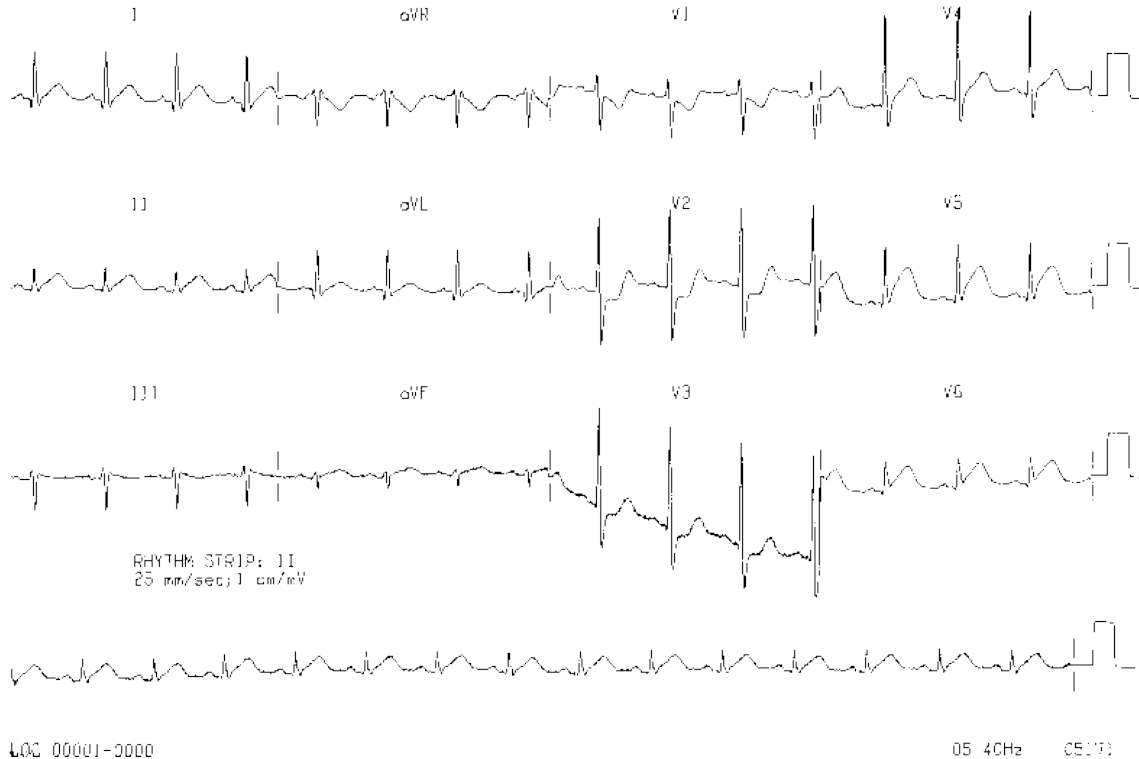
33. Which patient is not affected with altitude temperature changes?

- A. Cardiac patient
- B. Burn patient
- C. Head injured patient
- D. Spinal cord injured patient

34. Patients are more prone to which stressor of flight with altitude?

- A. High humidity, high temperature
- B. Low humidity, low temperature
- C. High humidity, low temperature
- D. Low humidity, high temperature

35. What does the following 12 Lead ECG show?

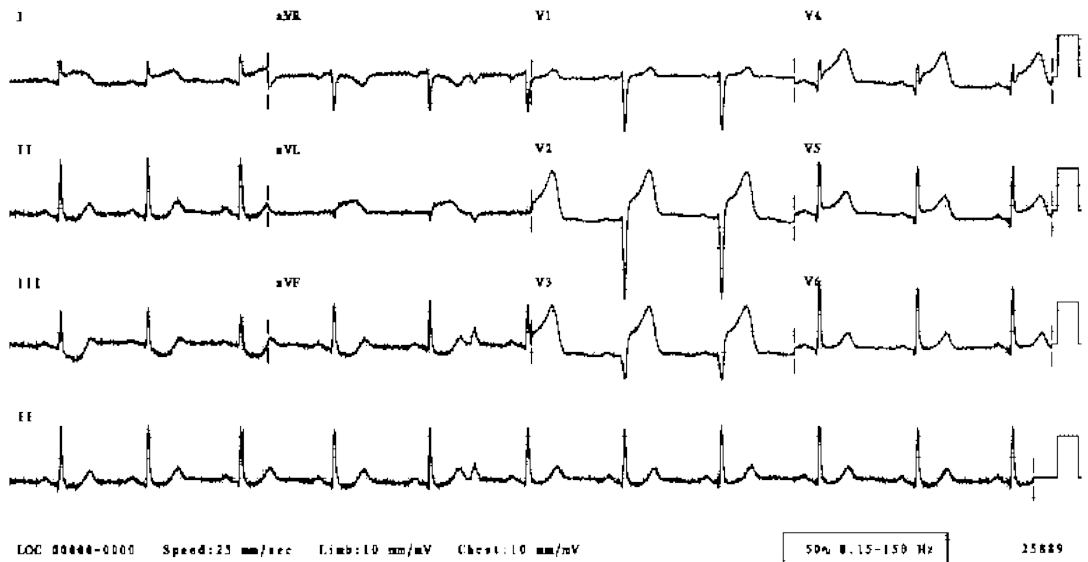


- A. Inferior MI
- B. Anterior MI
- C. Posterior MI
- D. Septal MI

36. You are transporting a 50 YOM from a rural facility. Your patient's ECG is demonstrating ST at 112 with peaked P waves. The ABG indicates pH 7.2, pCO<sub>2</sub> 18, HCO<sub>3</sub> 12 and pO<sub>2</sub> 108. CMP reveals Na 130, K 2.3, Cl 95, HCO<sub>3</sub> 10, BUN 48, Creat 2.2 and glucose of 685. The most appropriate diagnosis would be?
- A. Cardiogenic shock
  - B. DKA
  - C. Hyperglycemic, hyperosmolar non-ketotic syndrome
  - D. Dehydration
37. What is the initial S/S of increasing ICP?
- A. Hypotension
  - B. Deteriorating level of consciousness
  - C. Tachypnea
  - D. Tachycardia
38. Your 18 YOF patient was ejected during an MVA. She is currently awake and oriented x 3 however she is slow to respond. BP 70/42, HR 68, RR 26, Sats 94%, Temp 98.8 and a CVP of 3. Your patient is exhibiting ?
- A. S/S of herniation
  - B. Herniation and is 'pre-code'
  - C. A spinal cord injury
  - D. Intoxication, get a refusal and let her sleep it off
39. Your patient is experiencing hypertetanic contractions. Appropriate therapy would be to?
- A. Turn the patient on their side
  - B. Discontinue all tocolytic medications
  - C. Discontinue any oxytocin administration
  - D. Administer Celestone
40. Using the Consensus formula, calculate how much fluid this 70 kg patient with a 50% BSA would receive in the first of 8 hours of care?
- A. 2,000 – 4,000 ml
  - B. 7,000 – 14, 000 ml
  - C. 3,500 – 7, 000 ml
  - D. 5,000 – 8,000 ml

41. The patient fetus is exhibiting variable decelerations. This is most likely due to?
- A. Uterine insufficiency
  - B. Cord problems ( prolapse, nuchal, short, compression)
  - C. Placenta abruption
  - D. Normal neurological waveform

42. 60 YOM presents with chest pain x 3 days. The following 12 Lead ECG shows?

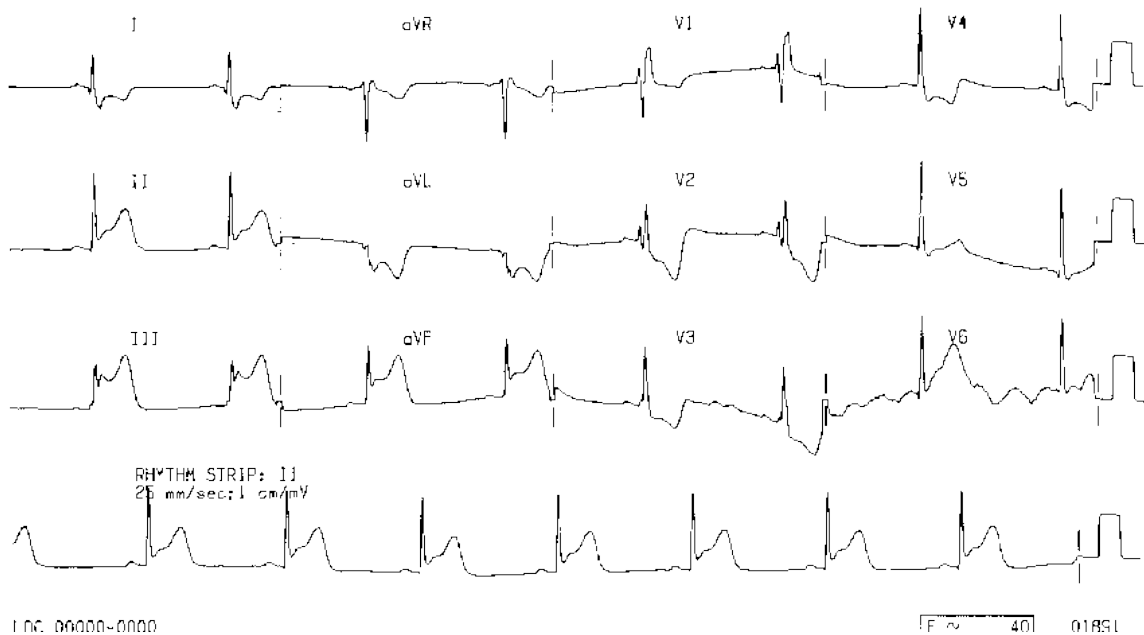


- A. Inferior MI
  - B. Antero-lateral MI
  - C. Posterior MI
  - D. RVMI
43. Your patient is experiencing a subarachnoid hemorrhage. He will likely demonstrate?
- A. Doll's eyes reflex
  - B. Positive Battle's sign
  - C. Positive Brudzinkin's sign
  - D. Ipsilateral papillary dilation
44. A medication utilized in the neonate that accelerates closure of the PDA is?
- A. Oxygen
  - B. Dobutamine
  - C. PGE1
  - D. Oxytocin

45. The most commonly abused organ/system is?
- A. Head
  - B. Orthopedic
  - C. Integumentary
  - D. Genitourinary
46. You have experienced a crash landing, which would do first?
- A. Assume crash position
  - B. Turn off oxygen
  - C. Turn off throttle, fuel then battery
  - D. Turn on ELT
47. Your priority post crash and safe exit from the aircraft is?
- A. Go for help
  - B. Find water
  - C. Find food
  - D. Obtain protection/shelter from the elements
48. The patient's PA catheter is exhibiting a large, well defined waveform with an obvious "notch" on the left side of the waveform. The distal tip is most likely located in the:
- A. RA
  - B. PA
  - C. PCWP
  - D. RV
49. Which drug is recommended for sedation of a patient with asthma?
- A. Etomidate
  - B. Ketamine
  - C. Versed
  - D. Fentanyl
50. You are transporting a 12 YOM weighing 60 kg with diagnosis of status asthmaticus on a ventilator. EtCO<sub>2</sub> is 56. Ventilator settings are at Vt 450, FIO<sub>2</sub> 1.0, Rate 16, I:E 1:2, Peep 5, PIP 48. How will manage this patient?
- A. Increase tidal volume
  - B. Increase I:E ratio
  - C. Increase PEEP
  - D. Increase respiratory rate

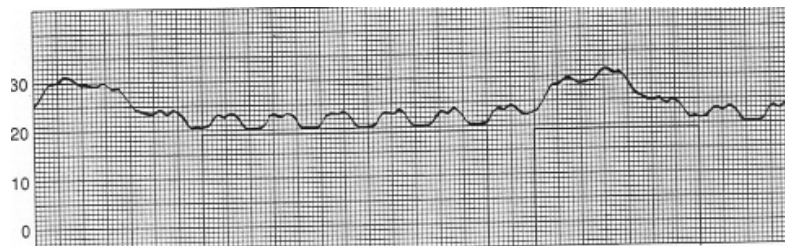
51. CAMTS recommended VFR-day-local minimums are:
- A. 1000' and 1 mile
  - B. 500' and 1 mile
  - C. 500' and 2 miles
  - D. 800' and 1 mile
52. The emergency transmit frequency is?
- A. 121.5
  - B. 155.5
  - C. 120.5
  - D. 105.5
53. When inserting a chest tube, correct insertion site recommended is?
- A. 2 ICS midclavicular
  - B. 4 ICS anterior-axillary
  - C. 5 ICS mid-axillary
  - D. 4 – 5 ICS mid-axillary
54. How much time of useful consciousness do you have with a rapid decompression at 45,000 feet?
- A. 90 seconds
  - B. 2 minutes
  - C. 30 seconds
  - D. 15 seconds
55. Recommended urinary output when caring for an adult patient should be?
- A. 100 ml/hr
  - B. 30 – 50 ml/hr
  - C. 1 – 2 cc/kg/hr
  - D. > 200 ml/hr

56. Your patient presents with epigastric pain, nausea and vomiting for the last hour. He describes his chest pain as “heavy in nature”. What does the following 12 Lead ECG show?



- A. Posterior MI  
B. Anterior MI  
C. Inferior MI  
D. Poor R wave progression
57. You are asked to respond to a local scene call involving an MVA with multiple injured patients at 2300. You have been having bad weather off and on. The PIC advises you that weather minimums are currently at 800 and 1. What will you do?
- A. Continue and fly to the scene  
B. Attempt to fly to the scene and see if you can get there  
C. Abort the flight due to weather  
D. Say nothing because the PIC is responsible for deciding whether or not you continue with the mission

58. You arrive on the scene to manage a fall victim. She presents with a BP 70/palp, HR 62, RR 24, Sats 96 %. EMS reports brief LOC but now has a GCS of 14. You note a deformity to the right femur and she is complaining of neck pain. Your diagnosis of this patient is?
- A. Neurogenic shock
  - B. Hypovolemic shock
  - C. Epidural bleed
  - D. Subdural bleed
59. You are transporting a patient with history of seizures PTA while on a fishing trip in July. Her husband drove her to the closest ER for treatment. Labs reveal CK 28,000, BUN 68, CR 2.0, Coags are normal and her urine appears dark with an output of 20 ml over the last 2 hours. She is unresponsive with BP 100/40, HR 140, RR 28 and Sats 94%. Your diagnosis is?
- A. Myocardial infarction
  - B. Brain tumor
  - C. Rhabdomyolysis
  - D. TCA overdose
60. Late decelerations may indicate?
- A. Cord compression
  - B. Acidosis
  - C. Hypoxia
  - D. Uterine placental insufficiency
61. Your patient has the following parameters: CVP 28, CI 1.2, PA S/D 48/29, wedge 27 and SVR 2100. Identify the waveform?



- A. CVP/RA
- B. PA
- C. Arterial
- D. PAWP

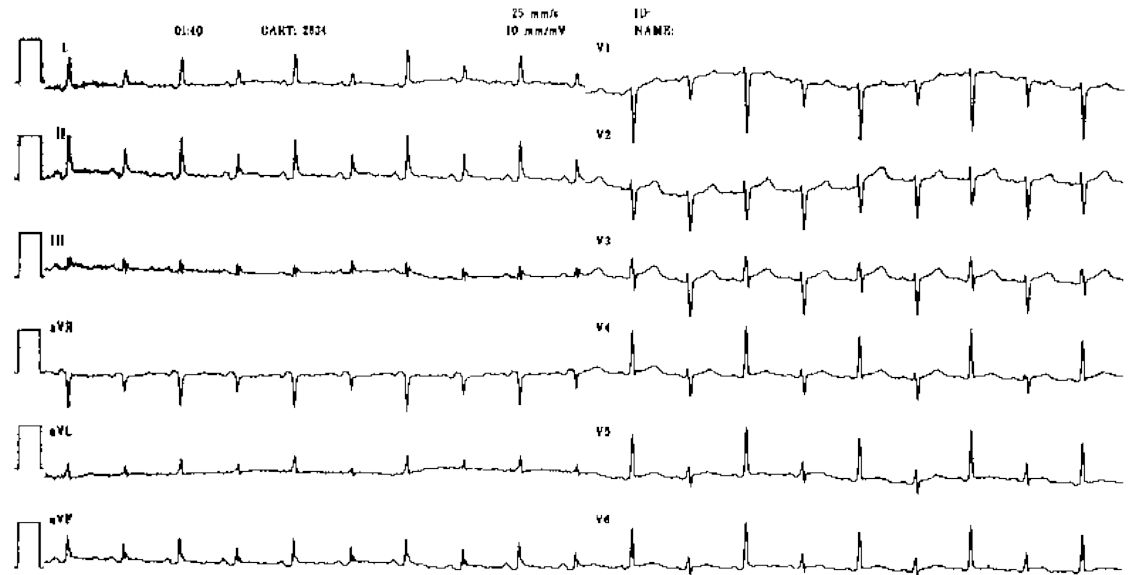
62. ABG's reveal pH 7.37, pCO<sub>2</sub> 58, Bicarb 23, Base deficit -2, pO<sub>2</sub> 106. What is your interpretation?
- A. Metabolic acidosis
  - B. Respiratory acidosis
  - C. Metabolic alkalosis
  - D. Respiratory alkalosis
63. Your 72 kg patient is presenting with 2<sup>nd</sup> and 3<sup>rd</sup> degree burns to his entire face, anterior torso and complete left arm. How much fluid should the patient receive in the first 8 hours using the Parkland formula?
- A. 4600 ml
  - B. 9200 ml
  - C. 3066 ml
  - D. 2300 ml
64. Your 60 YOM patient has been trapped under a tractor for almost 6 hours. Once extricated, his most likely to experience:
- A. Tension pneumothorax
  - B. Massive hemothorax
  - C. Rhabdomyolysis
  - D. Compartment syndrome
65. Your patient was struck from behind while driving. He should be evaluated for:
- A. Hangman's fracture
  - B. Coup-contrecoup injury pattern
  - C. Frontal impact injuries
  - D. All of the above
66. The clotting cascade can be triggered through an extrinsic pathway. The triggering mechanism is the release of?
- A. Fibrinogen
  - B. Prothrombin
  - C. Basophils
  - D. Tissue thromboplastin



67. A patient in early shock most probably has which acid-base imbalance:
- A. Metabolic acidosis
  - B. Metabolic alkalosis
  - C. Respiratory acidosis
  - D. Respiratory alkalosis
68. Which blood component does not require typing and crossmatching before administration?
- A. Platelets
  - B. FFP
  - C. Cyro
  - D. Albumin
69. A medication utilized in pediatrics that accelerates closure of the PDA is:
- A. PGE1
  - B. Oxygen
  - C. Dobutamine
  - D. Oxytocin
70. You would expect the patient's HR to \_\_\_\_\_ for each degree above 37 degrees centigrade?
- A. Decrease 10 BPM
  - B. Increase 10 BPM
  - C. Increase 20 BPM
  - D. Decrease 20 BPM
71. The second stage of labor ends with:
- A. Crowning
  - B. Onset of contractions
  - C. Dilation of the cervix
  - D. Delivery of the infant
72. The fetus of a pre-eclamptic mother during labor will commonly experience:
- A. Tachycardia
  - B. Late decelerations
  - C. Sinusoidal waveform
  - D. None of the above

73. During transport you note rust colored “flakes” in the IABP tubing. This indicates:
- A. Helium tank degradation
  - B. IABP pump failure/lubricant leak
  - C. Helium oxidation
  - D. Balloon rupture
74. A common cause of elevated PA pressures is:
- A. Mitral valve stenosis
  - B. Mitral valve regurgitation
  - C. Left ventricular failure
  - D. All of the above
75. The patient’s peripheral A-line is showing a very sharp waveform with readings that appear exaggerated. This may be due to:
- A. Catheter embolus formation
  - B. Catheter whip
  - C. Over-dampening of the pressure system
  - D. Kinking of the pressure tubing
76. Your patient is experiencing left ventricular diastolic failure. Therapy should be focused on:
- A. Augmentation of left ventricular clearing
  - B. Decreasing afterload
  - C. Decreasing preload
  - D. Increasing preload
77. Your patient is exhibiting ST elevation in Leads II, III and AVF. ST depression is noted in V1 – V3. Which of the following may prove hazardous?
- A. Isotonic fluid bolus
  - B. Heparin
  - C. GII/IIIa inhibitors
  - D. Nitroglycerin
78. The primary trigger used for most IABP operations is the:
- A. A-line
  - B. PA catheter
  - C. EKG
  - D. CVP catheter

79. What does the following 12 Lead ECG shows?



- A. U waves
- B. Electrical alternans
- C. Digoxin toxicity
- D. TCA overdose

80. Inadvertent migration of the IAB may cause which of the following, EXCEPT:

- A. Loss of renal perfusion
- B. Loss of flow to subclavian artery
- C. Loss of flow to the carotid vein
- D. Loss of flow to the renal arteries

81. Pupillary dilation in response to the oculomotor nerve insult that occurs in uncal herniation is a result of:

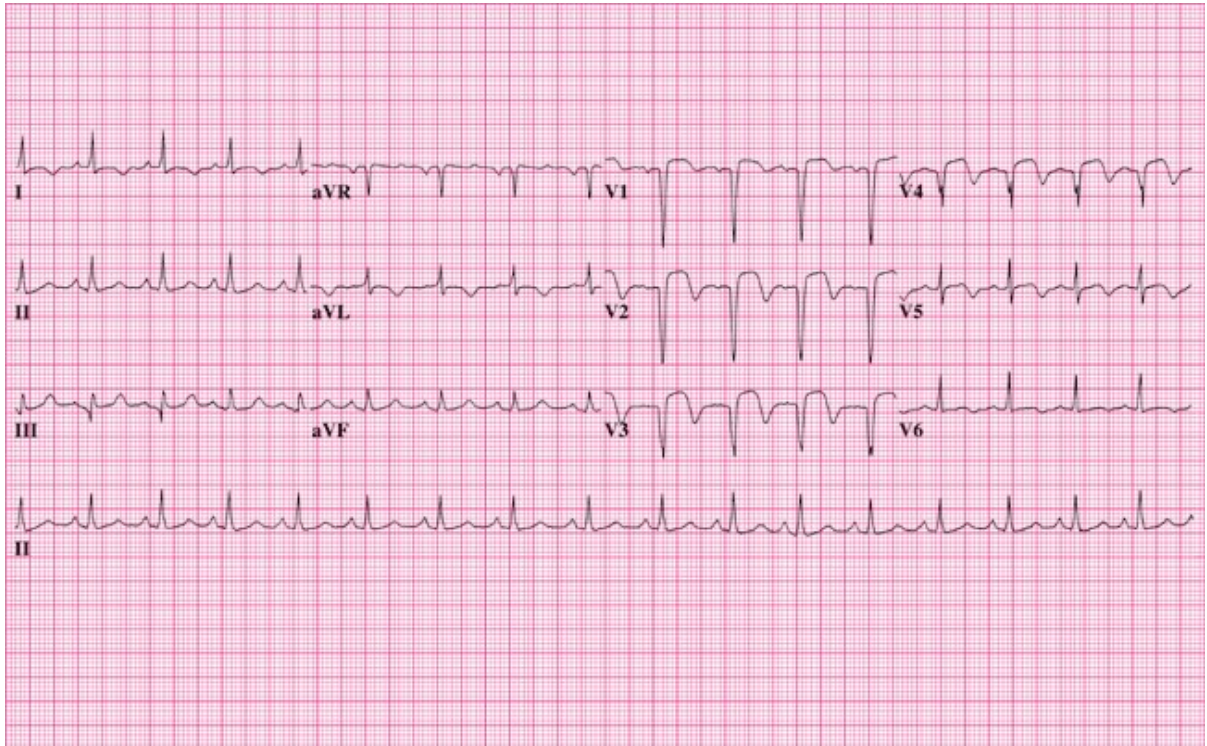
- A. Loss of parasympathetic stimulation
- B. Loss of sympathetic stimulation
- C. Parasympathetic overstimulation
- D. Sympathetic overstimulation

82. An early sign of tentorial herniation would be:

- A. Doll's eyes reflex
- B. Ataxic breathing
- C. Paralysis below the diaphragm
- D. Ipsilateral papillary dilation

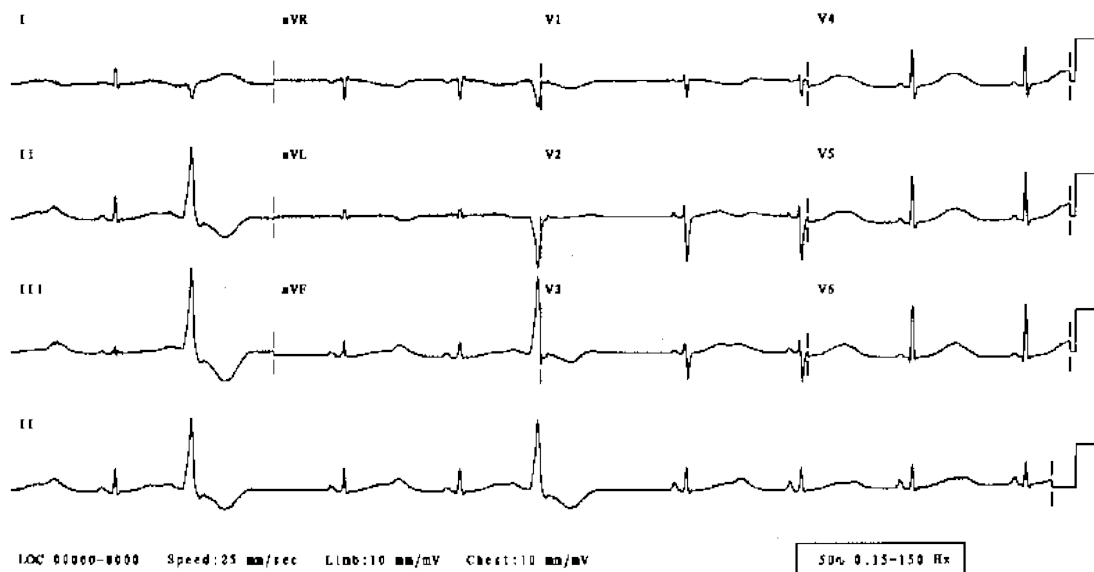
83. A common primary complication of PGE1 administration is:
- A. Decreased clotting times
  - B. Apnea
  - C. Constipation
  - D. Increased vascular activity
84. Waddell's triad describes:
- A. Injury patterns commonly experienced with falls
  - B. Injury patterns consistent with abuse
  - C. Injury patterns consistent with shaken baby syndrome
  - D. None of the above
85. The percentage of oxygen at 25,000 MSL is:
- A. 4 %
  - B. 21 %
  - C. 18 %
  - D. 7 %
86. The altitude at which one begins to lose their night vision is:
- A. 500 ` MSL
  - B. 500 ` AGL
  - C. 5000 ` AGL
  - D. 5000 ` MSL
87. Your patient's ABG's are: pH 7.49, pCO2 61, HCO3 34. You should correct the pH by:
- A. Hyperventilation
  - B. Ventilating at physiologic norms but greater than the patient's spontaneous rate
  - C. Paralyze the patient to completely control vent rate
  - D. Analyze electrolytes and replace deficiency
88. Your crew made contact upon lifting at 1455. Their second contact was at 1508. They have not been heard from since. At what time should your PAIP have been initiated per CAMTS recommendations?
- A. 1510
  - B. 1508
  - C. 1548
  - D. 1538

89. Which of the following is the most potentially harmful timing error?
- A. Early deflation
  - B. Early inflation
  - C. Late deflation
  - D. None of the above are potentially harmful
90. 55 YOF complaining of SOB x 2 days. Identify the following ECG rhythm reveals?



- A. Inferior MI
  - B. Anterior-septal MI
  - C. Lateral wall MI
  - D. Poor R wave aggression
91. When timing the IABP, inflation should initiate in synchronization with:
- A. ECG-P wave
  - B. Anacrotic notch of the A-line
  - C. Beginning systole
  - D. Dicrotic notch indicated on the A-line pressure wave

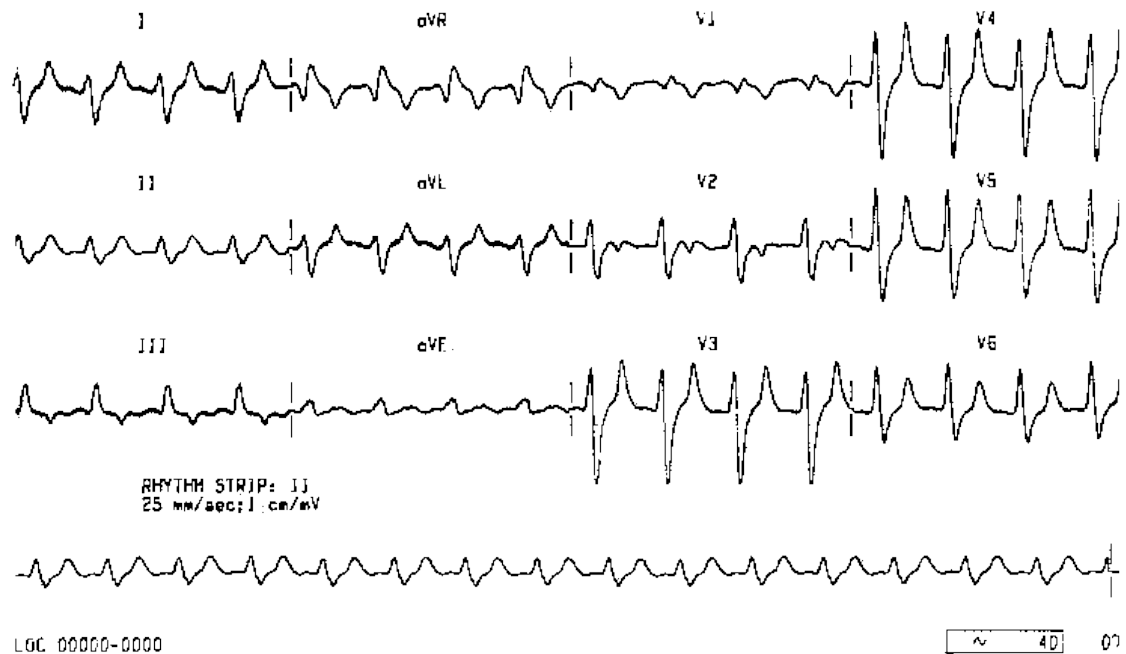
92. Your patient would most likely experience barodontalgia during which phase of flight?
- A. Ascent
  - B. Descent
  - C. Cruise flight
  - D. None of the above
93. Electrical alternans may be caused by:
- A. Pulmonary embolus
  - B. Pericardial tamponade/effusion
  - C. Tension pneumothorax
  - D. Diaphragmatic rupture
94. The following ECG may indicate what condition?



- A. Narcotic overdose
  - B. Benzo overdose
  - C. TCA overdose
  - D. Hallucinogen overdose
95. Your fast flush test indicates under-dampening of the system present. Which of the following may be the cause?
- A. Air in the system
  - B. Low pressure bag pressure
  - C. Altitude change
  - D. All of the above

96. When attempting to 'wedge' a PA catheter, you should always:
- A. Fill the balloon with exactly 1.5 ml, no more
  - B. Fill the balloon with exactly 2.5 ml, no more
  - C. Fill the balloon with exactly 0.5 ml, no more
  - D. None of the above
97. During transport you experience a complete IABP failure. You should:
- A. Withdraw the IABP to 10 cm
  - B. Cycle the balloon manually timing with EKG visually
  - C. Cycle the balloon manually timing with the A-line visually
  - D. Cycle the balloon manually every 30 minutes regardless of timing
98. Your patient's PA waveform has suddenly changed to resemble a low amplitude rolling waveform. This is most likely:
- A. Inadvertent withdrawal into the RV
  - B. Inadvertent withdrawal into the RA
  - C. Normal during inspiration
  - D. Inadvertent advance to wedge
99. You are managing a 4 YOM presenting lethargic with nystagmus. You note he has depressed DTR's and has a profound anion-gap. The patient should be managed with which of the following?
- A. IV ethanol drip
  - B. Calcium
  - C. Potassium supplement
  - D. Sodium Bicarbonate
100. Your patient's PA waveform is in wedge position. You would:
- A. Immediately withdraw the catheter to 20 cm depth
  - B. Have the patient cough forcefully
  - C. Verify chest tube drains are vented appropriately
  - D. Inflate the PA cath balloon to 1.5 ml

101. The following ECG may indicate what condition?

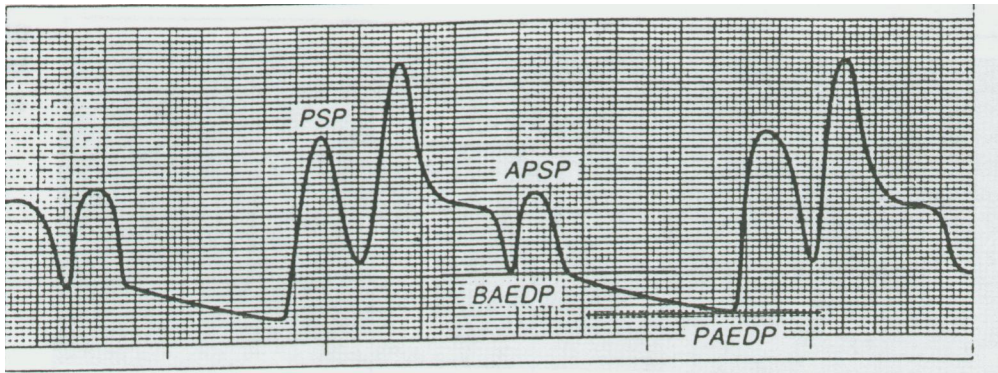


- A. Hypokalemia
  - B. Hyperkalemia
  - C. Hypocalcemia
  - D. Hypernatremia
102. The ECG may show peaked P waves, flattened/slurred T's and appearance of U waves which may indicate?
- A. Hyperkalemia
  - B. Hypokalemia
  - C. Hypernatremia
  - D. Hyperchloremia
103. The treatment for Acetaminophen poisoning is:
- A. Normal saline 2 liters
  - B. N-acetylcysteine (mucomyst)
  - C. Sodium Bicarbonate IV drip
  - D. Pyridoxine



104. You are managing a 25 YOM with burns to the entire face, left forearm, right hand and anterior portion of the entire left leg. His BSA would be?
- A. 12 %
  - B. 19 %
  - C. 24 %
  - D. 30 %
105. Treatment of Digitalis toxicity would include all of the following, EXCEPT:
- A. Digibind
  - B. TCP
  - C. Magnesium
  - D. Beta-blockers
106. Normal K<sup>+</sup> value is:
- A. 3.0 – 4.0
  - B. 3.5 – 4.5
  - C. 4.0 – 5.0
  - D. > 5.5
107. Antidote for Coumadin overdose is?
- A. Protamine sulfate
  - B. Glucagon
  - C. Vitamin K, FFP
  - D. Physostigmine
108. Your patient has a chief complaint of dyspnea and weakness with the following vitals: BP 72/64, HR 112, RR 28, SpO<sub>2</sub> 88%, Temp 99.1. He is on 6 L/min of oxygen via NC. The ECG shows ST with frequent PVC's. Physical exam reveals profound vesicular rales and bronchial wheezing. Your most likely diagnosis is:
- A. CHF
  - B. ARDS
  - C. Asthma
  - D. Cardiogenic shock

109. Identify the following IABP timing strip?



- A. Early inflation
  - B. Late inflation
  - C. Early deflation
  - D. Late deflation
110. The fetus was delivered with obvious meconium staining. His 1 minutes APGAR is 8. Endotracheal suctioning:
- A. Should be performed via nose, then mouth
  - B. Should be performed via mouth, then nose
  - C. Should be performed endotracheally, then mouth, then nose
  - D. Should not be performed
111. Treatment of cardiac tamponade includes all of the following, EXCEPT:
- A. Force fluids
  - B. Pericardiocentesis
  - C. Rapid transport
  - D. Needle thoracostomy
112. Needle thoracostomy should be performed where:
- A. 4<sup>th</sup> intercostal space anterior axillary line
  - B. 5<sup>th</sup> intercostal space anterior mid-axillary line
  - C. 4<sup>th</sup> intercostal space mid-clavicular line
  - D. 2<sup>nd</sup> intercostal space anterior mid-axillary line

113. A patient presenting with Beck's triad is most likely experiencing:
- A. Tension pneumothorax
  - B. Increased ICP
  - C. Cardiac tamponade
  - D. Intra-abdominal bleeding
114. An object in motion will remain in motion and an object at rest will remain at rest, unless acted upon by a force is known as:
- A. Newton's first law
  - B. Newton's second law
  - C. Newton's third law
  - D. Ohm's law
115. What is a common problem associated with electrical injuries?
- A. Myoglobinuria
  - B. Hazmat involvement
  - C. Cardiogenic shock
  - D. Hypokalemia
116. Your patient was in an MVA in which the right side of his head struck the "A-post". Right middle meningeal artery damage has been noted by CT with right sided 'mass effect' resulting. You would expect which of the following:
- A. Epidural hematoma
  - B. Ventricular collapse
  - C. Cranial midline shift to the left
  - D. All of the above
117. The patient received a skull fx that appears to have a central focal point with multiple fx's outwards. This skull fx would be described as:
- A. Linear
  - B. Linear stellate
  - C. Diastatic
  - D. Depressed

118. Your patient would likely experience increased in ICP as a result of which action?
- A. Hip flexion
  - B. Gagging on the ETT
  - C. Adduction of the arms
  - D. Rotation of the head
  - E. All of the above
119. The fetus's variability is:
- A. The best indicator of fetal viability
  - B. Normally 10 – 15 beats per minute
  - C. Expected to increase during active labor
  - D. All of the above
120. The patient with pre-eclampsia is expected to:
- A. Experience photophobia
  - B. Experience hyperreflexia
  - C. Experience proteinuria
  - D. All of the above
121. Your patient has the following vital signs: HR 118, BP 162/90 (114), RR 24, SpO2 97 %, Temp 99.9 F, ICP 8. Your patient is probably:
- A. Demonstrating S/S of herniation
  - B. Already herniated and will likely deteriorate further
  - C. Demonstrating S/S of Brown-Sequard syndrome
  - D. Not herniating
122. Your patient's EKG is demonstrating ST at 124 w/ peaked P waves. ABG indicates pH 7.2, pCO2 13, HCO3 10, pO2 104. The patient's CMP reveals: Na 132, K 2.5, Cl 97, HCO3 10, BUN 44, Creat 2.0, Glucose 685. The most appropriate diagnosis would be:
- A. Primary hypokalemia
  - B. ARDS
  - C. Asthma
  - D. DKA

123. You are transporting a 45 YOM with ARDS and MODS secondary to probable organ rejection after a heart transplant. During transport the patient becomes bradycardic with heart rate in the 30's with hypotension. Which of the following therapies will likely prove fruitless?
- A. 250 – 500 ml saline bolus
  - B. Dopamine 5 – 20 mcg/kg/min
  - C. Transcutaneous pacing
  - D. Atropine 0.5 – 1 mg IV push
124. Your patient presents with the following: CVP 2, CI 6.4, PA S/D 34/16, wedge 7 and SVR 400. What is your diagnosis?
- A. Hypovolemic shock
  - B. Septic shock
  - C. Left ventricular failure
  - D. Neurogenic shock
125. A patient presenting with meningitis may exhibit which sign on assessment?
- A. Cullen's
  - B. Grey-Turner's
  - C. Kernig's
  - D. Levine's
126. Your patient was involved in a single car roll-over and is complaining of neck and left shoulder pain. You note bruising to the left chest wall. Vital signs are: BP 80/48, HR 130, RR 28, SpO2 96 %. The most likely cause is?
- A. Cardiac tamponade
  - B. Tension pneumothorax
  - C. Splenic injury
  - D. Intra-abdominal bleeding
127. Murphy's sign would indicate what condition?
- A. Splenic injury
  - B. Cardiac problem
  - C. Pancreatitis
  - D. Gallbladder

128. A common problem seen with hepatic encephalopathy is?
- A. Hyperkalemia
  - B. Ammonia toxicity
  - C. Low protein levels
  - D. Low BUN
129. Treatment of pancreatitis would include all of the following, EXCEPT:
- A. Fluid resuscitation
  - B. NPO and place OG/NG tube
  - C. Morphine for pain
  - D. Antibiotics for sepsis
130. The patient presenting with HHNK has a problem with?
- A. Sugar
  - B. Insulin
  - C. Overhydration
  - D. Ketoacidosis
131. When managing a patient with an electrical injury, you should maintain a urine output of:
- A. At least 30 - 50 ml/hr
  - B. At least 50 ml/hr
  - C. 1 – 2 ml/kg/hr
  - D. 100 ml/hr
132. The treatment of diabetes insipidus is:
- A. Aggressive fluid replacement and Vasopressin
  - B. Restrict fluids and Mannitol
  - C. Aggressive fluid replacement and Dilantin
  - D. Aggressive fluid replacement and Octreotide
133. Normal cerebral perfusion pressure is?
- A. 80 – 100 mmHg
  - B. 50 – 60 mmHg
  - C. 70 – 90 mmHg
  - D. > 100 mmHg

134. Your patient presents with following parameters: CVP 20, CI 1.1, PA S/D 8/4, wedge 3 and SVR 1800. What is your diagnosis?
- A. Hypovolemic shock
  - B. RVMI
  - C. CHF/LVF
  - D. Sepsis
135. You are transporting a 50 YOM from ICU to another facility for further evaluation. The patient has been diagnosed with AMI. He has been complaining of increasing CP, SOB and dramatic weight loss. He appears very nervous and you note tremors. His ECG shows AF at 148. The patient may be experiencing:
- A. Addison's disease
  - B. Thyrotoxicosis (grave's diseases)
  - C. Myxedema coma
  - D. Cushing's syndrome