

Bearamedics Protocol Test 1

Airway & Respiratory

Name: _____

Date: _____

Score: _____ / 25

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 $\leq$ 8 bpm OR SpO₂ $<$ 94% OR ETCO₂ $>$ 45 mmHg
 - B. Rate $\leq$ 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. $\leq$ 10 minutes
 - B. $\leq$ 25 minutes
 - C. $\leq$ 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

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 $\geq$ 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. $\geq$ 0.12 seconds
 - D. $\geq$ 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

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

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

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 LEMSAs 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