

Utah EMSC Pediatric Off-Line Assessment Protocols Test

1. Vital signs are important to take and reassess during a transport
 - a. because you can tell if your interventions have made any difference
 - b. because you can tell if your patient is deteriorating
 - c. because you can use your vital sign card
 - d. because the ED wants to see them
 - e. because they are used in research
 - f. a, b, and d
 - g. a, b, d and e
 - h. all of the above

2. A SAMPLE history consists of:
 - a. Signs and symptoms, assessment, medications, pain, last oral intake, and events leading to call
 - b. Signs and symptoms, allergies, movement, pain, last oral intake, and events leading to call
 - c. Signs and symptoms, assessment, medications, past medical history, last oral intake, and events leading to call
 - d. Signs and symptoms, allergies, medication, past medical history, last oral intake, and events leading to call

3. A child with special health care needs (CSHCN) is:
 - a. any child with chronic health issues
 - b. only a child with severe disabilities
 - c. most kids
 - d. a child who requires special equipment

4. True or False: The Pediatric Assessment Triangle should give you a general impression of the child before you touch him/her.

5. True or False: Hypotension or hypertension in a child is a reason for concern.

6. You have a 10 month old patient with respiratory distress. Her initial respiratory rate is 45 breaths per minute. You should recheck vital signs:
 - a. Every minute
 - b. Every 5 minutes
 - c. Every 15 minutes
 - d. Once

7. True or False: A child with an acute health condition is a child with special health care needs (CSHCN).

8. Vital signs with a blood pressure should be taken:
 - a. on all patients
 - b. only on patients who the adult cuff fits
 - c. once
 - d. a blood pressure is not required on children

9. The Emergency Health Information Sheet contains:
 - a. Emergency contact information
 - b. Information about medical equipment
 - c. Medical history of the patient
 - d. List of Medications
 - e. all of the above

10. Your best resource for care of the CSHCN may be:
 - a. parents
 - b. the child
 - c. your background
 - d. medical control

11. You are called to a home where a ventilator of a child has failed. The child has a tracheostomy. On your arrival the father is bagging the child. He needs transport to the hospital until a new ventilator can be brought to the home. The parents decide to follow you in their car. The kid gets angry when the ambulance starts moving and pulls out his tracheostomy tube. You:
 - a. panic
 - b. put the tracheostomy tube back in
 - c. pull over and get one of the parents to put the tracheostomy tube back in and accompany you to the hospital in the back of the ambulance
 - d. BVM with your finger over the stoma
 - e. b, c or d

12. A mom calls you panicked because her child's tracheostomy has dislodged and she can't put it back in. When you arrive, the child has respiratory distress, but is managing his own airway at this time. Mom placed a suction catheter in the stoma site. What could you use to establish a better airway?
 - a. a 14 F suction catheter
 - b. an endotracheal tube
 - c. a smaller tracheostomy
 - d. any of the above
 - e. b or c

13. Children with chronic health conditions are most likely primarily cared for by:
- Home health
 - Private nursing
 - Parents
 - Hospitals
14. You are using BVM ventilation on a child with a gastric tube and you notice his abdomen is filling with air. According to the gastric tube protocol you should:
- place a nasogastric tube
 - gently aspirate from gastric tube for air/gastric contents
 - do nothing
 - press on his abdomen
15. You are called to a home where a new mom delivered a neonate on the floor of the bathroom. He is covered in blood and fluid; making grunting noises when he breathes. Your priorities of care include:
- Making sure mother and infant bond
 - Clearing the patient's airway
 - Assisting his breathing if necessary after suctioning
 - Drying and warming the child
 - b, c, and d
16. A full term appearing baby is born to a diabetic mom at home by a midwife. The midwife states she can't keep the baby's glucose up. The baby seems to be breathing ok and has adequate femoral pulses. The baby's glucose is 38 on your glucometer. According to the offline protocol an EMT-I can:
- Mix some D10% and administer 10 cc/kg Intravenously
 - Mix some D10%NS and administer 2 cc/kg Intravenously
 - Give D50% 1cc Intramuscularly
 - Give oral glucose
17. You are transporting the above infant to the hospital 30 minutes away. You should monitor
- Vital signs
 - Respiratory effort
 - Glucose
 - Temperature
 - Oxygen saturations (above EMT-B)
 - All of the above
18. True or False: When mixing D10% for a neonate (< 30 days of age) you should use NS or LR as the diluent.

