

FIRST AID TRAINING

**MEDICAL FIRST RESPONDER
EXAMINATION**

FIRST EDITION 2007



St. John Ambulance

SAVING LIVES

at work, home and play

General information

This exam has two parts:

- ▶ **Exam Section 1 – Compulsory Sessions 1 to 13**
- ▶ **Exam Section 2 – Elective Sessions 14 to 40**

Answer only the questions for the elective sessions that your instructor tells you to check off on the answer sheet. The sessions in the exam booklet are identified with the same numbers and titles as on the exam answer sheet.

Scoring of exam results

Each question is worth 1 mark.

To pass, you must obtain a minimum mark of 80% on each section of the exam.

Core Section – 50 questions. At least 40 questions must be answered correctly.

Pass mark: 40/50

Elective Section– The number of questions may vary depending on the elective lessons taken.

For the combination of elective lessons, the pass mark of 80% should be calculated as follows:

[Pass mark of 80%] = [Number of questions] X 0.8
(round up to the nearest whole number), e.g.:

- ▶ 6 questions x 0.8 = pass mark5/6
- ▶ 30 questions x 0.7 = pass mark 24/30

When the exam has been corrected, please write the final marks in the spaces provided on the front of the answer sheet.

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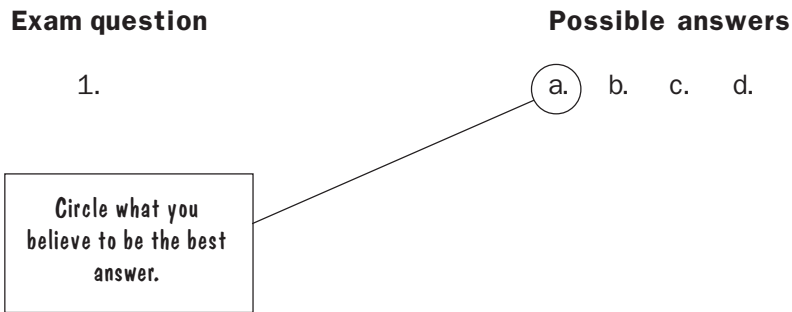
How to answer the exam questions

Use the exam answer sheet to fill in the answers.

Please do not write in the exam booklet

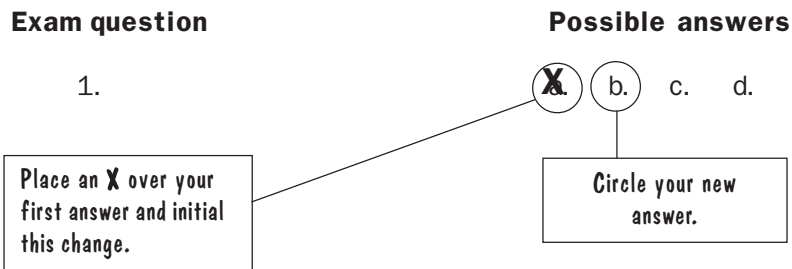
All questions in this exam are multiple choice. Each question has four possible answers. Select the **best answer**. Circle the letters (a, b, c, or d) on the answer sheet next to the question number.

For example:



If you wish to change your answer, place an “X” over your first choice and initial this change. Circle your new choice.

For example:



Good luck!

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CORE SESSIONS

Instructions

Complete questions 1 through 50 for each of the following multiple choice questions (1 mark each). Circle the letter (a, b, c, d) indicating your answer. If you change your answer before handing in your paper, circle your new choice, place an "X" over your previous choice and initial the change.

Select the single BEST answer to each of the following questions.

- 1.** The acronym SAMPLE stand for signs and symptoms, allergies, medications, past history, _____ and events.

 - a. Location of pain.
 - b. Last bowel movement.
 - c. Last meal.
 - d. Latest related injury.
- 2.** Which one of the following is not a system of the body:

 - a. Respiratory.
 - b. Musculoskeletal.
 - c. Endocrine.
 - d. Follicular.
- 3.** Increased respiratory difficulty accompanied by a weak ineffective cough, wheezing, high-pitched crowing noises and cyanosis are signs of:

 - a. Mild airway obstruction
 - b. C.O.P.D.
 - c. Severe airway obstruction.
 - d. Complete airway obstruction.
- 4.** The most important step in managing shock is to:

 - a. Keep the patient warm.
 - b. Give CPR as soon as possible.
 - c. Give first aid for the illness or injury.
 - d. Elevate the lower extremities.

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5. A small percentage of casualties with chronic obstructive pulmonary disease have hypoxic drive. These patients breathe because of a:
- High oxygen level.
 - Low oxygen level.
 - High carbon dioxide level.
 - Low carbon dioxide level.
6. The emergency responder is one link in the chain of services known as the:
- Emergency Patient Care (EPC) system.
 - Emergency Medical Services (EMS) system.
 - Professional Emergency Care (PEC) system.
 - Community Medical Care (CMC) system.
7. The acronym used to assist the emergency responder assessing the patient's level of responsiveness is:
- SAMPLE.
 - EMCA.
 - OPQRST.
 - AVPU.
8. An industrial worker sustains a severe laceration to his forearm. Direct pressure to the wound fails to control the bleeding. The correct arterial pressure point to control the bleeding is the:
- Carotid.
 - Radial.
 - Femoral.
 - Brachial.
9. Pressing on a fingernail-bed to observe the return of normal colour is done to check for:
- Normal blood circulation to that part.
 - The presence of fractured fingers.
 - Pain in the area.
 - A lack of oxygen in the blood.
10. Your primary survey of a casualty involved in a serious car collision shows only that he is confused. Later you find his pulse rate at 140 and weak, his skin cold and clammy and his breathing irregular and gasping. These signs, along with the mechanism of injury, indicate:
- An oncoming faint.
 - Emotional stress.
 - Internal bleeding.
 - Onset of diabetic coma.

11. For which one of the following infectious diseases is a vaccine presently available:

- a. Herpes.
- b. AIDS.
- c. Mononucleosis.
- d. Hepatitis B.

12. Based on current research, which of the following statements about the AIDS virus is correct?

- a. It can be found in blood and semen.
- b. It can be transmitted by sharing eating utensils.
- c. It can be transmitted by shaking hands.
- d. It can be found in perspiration.

13. In a hazmat situation airway management and immobilization are carried out in the:

- a. hot zone
- b. warm zone
- c. cold zone
- d. neutral zone

14. During the primary assessment of a responsive adult patient, you detect a breathing rate of 28 breaths per minute. You would categorize this as:

- a. Above normal.
- b. Below normal.
- c. Normal.
- d. Indeterminate.

15. A blood-soaked dressing on the arm indicates that bleeding has not yet been controlled. You should now:

- a. Remove the dressing and check the wound.
- b. Apply pressure to the femoral artery.
- c. Place a clean dressing on top and apply more pressure.
- d. Apply a tourniquet.

16. The type of shock that is caused by a severe infection is called:

- a. Septic.
- b. Psychogenic.
- c. Cardiogenic.
- d. Hemorrhagic.

17. Which one of the following is considered a breach of duty:

- a. failure to obtain consent.
- b. failure to wear your name tag.
- c. inappropriate use of lights and siren.
- d. insubordination.

18. Immediately before a seizure, the patient experiences an unpleasant odour. This phase is referred to as:

- a. Clonic.
- b. Aura.
- c. Tonic.
- d. Postical.

19. The emergency responder should assume a head/spinal injury in any unwitnessed situation where the patient is:

- a. Alert.
- b. Responsive to pain.
- c. Not breathing.
- d. Unresponsive.

20. The secondary assessment of the patient consists of a head to toe examination and a check of the:

- a. Pressure points.
- b. Procedures for administering CPR.
- c. Manual stabilization of the head.
- d. Vital signs.

21. You are taking blood pressure by palpation. A radial pulse indicates a blood pressure of at least:

- a. 110 mmHg
- b. 100 mmHg
- c. 90 mmHg
- d. 80 mmHg

22. You are called for an asthma attack, treatments may include all except:

- a. Metered dose inhaler
- b. Bronchodilators
- c. Nitroglycerin
- d. Inhaled steroids

23. In topographic anatomy, the term "lateral" means:

- a. Nearer the midline of the body.
- b. Away from the midline of the body.
- c. Nearer the head.
- d. Away from the head.

24. Which one of the following conditions may mimic the signs of acute alcohol intoxication?

- a. Hypoglycemia
- b. Congestive heart failure.
- c. Absence seizures.
- d. Anaphylactic shock.

25. Which one of the following breathing diseases is included in C.O.P.D.:

- a. Croup.
- b. Hyperventilation
- c. Emphysema.
- d. Dyspnea

26. A condition where air builds up in the pleural space, collapses the lung and puts pressure on the heart is called:

- a. Closed pneumothorax
- b. Tension pneumothorax
- c. Hemothorax
- d. Open pneumothorax

27. Oxygen humidification is recommended if you are administering oxygen for longer than:

- a. 15 minutes.
- b. 30 minutes.
- c. 60 minutes.
- d. 90 minutes.

28. You find a male patient with obvious difficulty breathing. He is using his neck muscles, and is cyanotic. There are red blotches on his chest, and his neck is swelling. You suspect :

- a. Anaphylaxis.
- b. Bronchitis.
- c. Emphysema.
- d. Asthma.

29. When you are giving mouth-to-nose AR, you should:

- a. Hold the casualty's mouth closed.
- b. Pinch the nostrils closed before blowing air into the casualty.
- c. Tilt the head back less than for the mouth-to-mouth method of AR.
- d. Keep the mouth and nose closed between breaths.

30. During one-rescuer CPR for adults, the ratio of compressions to ventilations should be:

- a. 5:1
- b. 15:2
- c. 30:2
- d. 35:2

31. A guideline for normal systolic blood pressure in an adult male would be:

- a. 50 plus the man's age up to 150 mm. Hg.
- b. 65 plus the man's age up to 120 mm. Hg.
- c. 80 plus the man's age up to 130 mm. Hg.
- d. 100 plus the man's age up to 150 mm. Hg.

32. A rapid body survey should take no longer than:

- a. 30 seconds
- b. 45 seconds
- c. 60 seconds
- d. 90 seconds

33. To correctly size an oropharyngeal airway place the flange at the corner of the mouth with the tip reaching:

- a. The angle of the patient's jaw
- b. The top of the patient's ear
- c. The patient's earlobe
- d. Two fingerswidth from the flange.

34. ASA should be offered to the patient with chest pain who is taking nitroglycerin:

- a. Before the first dose of nitro
- b. After the first dose of nitro
- c. After the second dose of nitro
- d. After the third dose of nitro

- 35.** When suctioning a non-breathing adult casualty, a first aider should:
- a. Apply suction as soon as the suction tip touches the mouth.
 - b. Insert the suction tip deep into the larynx.
 - c. Suction for no more than 15 seconds.
 - d. Insert the tip with the curved side towards the tongue.

- 36.** Which of the following devices provides the highest percentage of O² delivery?
- a. Nasal cannula.
 - b. Plastic face mask.
 - c. Partial rebreathing mask.
 - d. Non-rebreathing mask.

- 37.** You suspect a patient's pain is due to a myocardial infarction rather than angina because the pain:
- a. Is under the sternum.
 - b. Radiates to the neck, jaw and arms.
 - c. Is not relieved by rest or medication.
 - d. Lasts for about 3 minutes.

- 38.** A flail chest results when :
- a. Three ribs are broken on each side of the chest.
 - b. Part of the spine becomes separated from the ribs.
 - c. The breastbone is broken in three places.
 - d. Several ribs are broken in more than one place.

- 39.** Status epilepticus refers to:
- a. Normal seizure pattern in epilepsy.
 - b. Seizures caused by a high fever.
 - c. Continuous seizure activity.
 - d. Seizures lasting longer than 2 minutes.

- 40.** OPQRST is used to assess:
- a. Pain
 - b. Level of consciousness
 - c. Vision
 - d. Hearing

41. The recommended oxygen flow rate for nasal cannulae (nasal prongs) is:

- a. 1-6 litres/min.
- b. 6-8 litres/min.
- c. 8-12 litres/min.
- d. 10-15 litres/min.

42. When aligning the head in the eyes-front neutral position, watch for:

- a. Pulse, movement, sensation.
- b. Crepitus, pain, resistance.
- c. Pain, circulation, retention.
- d. Tingling, numbness, paralysis.

43. Manual support of the head and neck of the patient with suspected spinal injury can be released:

- a. Once the breathing has been checked.
- b. When a hard collar has been applied.
- c. If the patient is unconscious.
- d. When the patient is fully immobilized to a backboard.

44. To prepare a completely amputated part of the body for transportation to hospital with the casualty, you should:

- a. Place it in a clean plastic bag filled with cold water.
- b. Wrap it in clean, moist dressings and keep it cool.
- c. Wash it off and place it into a bag of crushed ice.
- d. Wrap it in clean, moist dressings and keep it at body temperature.

45. Hypovolemic shock results from:

- a. The body's reaction to a foreign protein.
- b. An overdose of insulin.
- c. Toxins produced by a severe infection.
- d. Decreased volume of the blood.

46. A conscious casualty who has suffered a stroke becomes unconscious. To keep his airway open and help him breathe, you should:

- a. Turn him into the recovery position with his unaffected side down.
- b. Place him in a semisitting position.
- c. Turn him into the recovery position with his unaffected side up.
- d. Place him on his back.

- 47.** A worker has fallen from a six-foot ladder onto a concrete floor. Your first action should be.
- a. Take a SAMPLE history.
 - b. Perform a secondary survey.
 - c. Take charge and perform a scene survey.
 - d. Assess the rate and quality of breathing.

- 48.** To determine whether a c-spine injury has occurred, you should think about the Mechanism of Injury. This can best be described as:
- a. The force that causes the injury and the way it acts on the body.
 - b. The circumstances after the injury.
 - c. The weather conditions at the time of the incident.
 - d. The area of the body that is injured

- 49.** The correct ratio of compressions to ventilations for two-rescuer CPR on a child is:
- a. 5:1
 - b. 15:2
 - c. 5:2
 - d. 15:1

- 50.** Shock is best defined as:
- a. Inadequate circulation to the body's tissues
 - b. Inadequate delivery of oxygen to the lungs
 - c. Inadequate elimination of waste products from the body.
 - d. Inadequate amount of insulin.

ELECTIVE SESSIONS

Instructions

Complete **only** the multiple choice questions that correspond to the electives of your program. (1 mark each). Circle the letter (a, b, c, d) indicating your answer. If you change your answer before handing in your paper, circle your new choice, place an "X" over your previous choice and initial the change.

Select the single BEST answer to each of the following questions.

14 AED

51. The most critical factor in defibrillation is:

- a. The time from collapse to defibrillation.
- b. The skill of the AED responder.
- c. The patient's previous cardiac history.
- d. The type of defibrillator used.

52. The AED will shock a patient:

- a. With a sinus rhythm.
- b. In asystole.
- c. In ventricular fibrillation.
- d. With pulseless electrical activity (PEA).

53. In the hypothermic patient you should limit the number of shocks to a maximum of:

- a. 1.
- b. 2.
- c. 3.
- d. 4.

54. When transporting a patient, a shock should be administered:

- a. Only in a vehicle that is properly grounded.
- b. Whenever the machine indicates shock necessary.
- c. When the vehicle is stopped.
- d. When the vehicle is travelling at less than 20 km per hour.

55. When using an AED on a patient who is wearing a pacemaker, place the electrode pads:

- a. Directly on pacemaker.
- b. Two inches away from pacemaker.
- c. Within one inch of the pacemaker.
- d. At least one inch away from pacemaker.

- 56.** You have shocked a casualty and there are signs of circulation. You should:
- Remove the AED from the scene.
 - Leave the AED attached to the casualty.
 - Disconnect the cables from the AED.
 - Remove the pads from the chest.

15 Burns

- 57.** Burns that involve all layers of the skin are:
- Superficial.
 - Partial thickness.
 - Full thickness.
 - First degree.
- 58.** In determining the amount of body surface burned, the area of the palm of the hand represents _____ % of the body surface.
- One
 - Two
 - Five
 - Nine

- 59.** The most immediate serious complication associated with burns is:
- Shock
 - Infection
 - Scarring
 - Hypothermia

- 60.** A man is filling a gas tank on a generator when it bursts into flames. The casualty has a hoarse voice, he is blistered around the mouth and nose and both arms are reddened. You should classify this burn as:
- Critical
 - Superficial
 - Moderate
 - Minor

16 Wound Management

- 61.** An abrasion is:
- A deep break in the skin involving significant bleeding.
 - Partial or complete loss of a body part.
 - The result of a sharp object driven through soft tissue.
 - A scrape or rubbing away of the epidermis.

62. A soft tissue injury resulting from the impact of a blunt object is called:

- a. A laceration.
- b. An avulsion.
- c. A contusion.
- d. A concussion.

63. The acronym SHARP refers to:

- a. The assessment of the severity of a wound injury.
- b. Signs and symptoms used to determine the need to transport.
- c. The depth of a penetrating wound and potential damage.
- d. Signs of infection as assessed in wound injuries.

64. Responders involved in wound management should consider:

- a. Wounds should be thoroughly flushed to prevent infection.
- b. All open wounds are contaminated to some degree.
- c. The risk of infection continues until the wound is dressed and bandaged.
- d. Gloves should be worn if you suspect the patient may be ill.

65. Tetanus is a condition:

- a. That involves specific infection in the lower jaw.
- b. That only occurs in the third world.
- c. That is caused by a virus
- d. That can be prevented by immunization.

66. Which one of the following factors increases the risk of life-threatening injury:

- a. High velocity.
- b. Low velocity.
- c. High density.
- d. Low energy.

67. Which action is part of first aid for a nosebleed?

- a. Place an ice-pack on the back of the neck.
- b. Plug the nose with gauze.
- c. Lean forward and firmly pinch the soft parts of the nose.
- d. Lean the casualty backwards in a sitting position.

68. To prevent further contamination and infection of a wound, you should cleanse the surrounding skin by:

- a. Swabbing in circular motions around the wound.
- b. Wiping lightly over the edges of the wound.
- c. Swabbing from one side of the wound to the other.
- d. Wiping away from the edges of the wound.

17 Heat and Cold Illness and Injury

69. The body loses heat in a variety of ways including:

- a. radiation, conduction, evaporation and respiration.
- b. radiation, refrigeration, evaporation and conduction.
- c. conduction, convection, evaporation and refrigeration.
- d. submersion, convection, radiation and respiration.

70. If it becomes necessary to thaw a hand with deep frostbite you should ensure that:

- a. The patient sees a doctor no later than 48 hrs after thawing
- b. There is no danger of refreezing
- c. Adequate pain relief medication is available
- d. Capillary refill takes no longer than 15 seconds

71. You have been called for an 81 year old unconscious male patient. He is in his living room. Despite the hot day, he is overly dressed. He is flushed and dry, extremely hot to touch. You suspect:

- a. Heat exhaustion.
- b. Stroke.
- c. Hyperglycemia.
- d. Heatstroke.

18 Lifting and Carrying

72. Body mechanics refers to:

- a. Positioning and movement of the body
- b. Number of rescuers needed to move a patient
- c. A type of rescue carry
- d. A special device to lift heavy loads

- 73.** You are alone and must remove a casualty with a suspected spinal injury from a very hazardous situation. You should
- a. Grab his wrists and drag him lengthwise.
 - b. Keep his body rigid, support his head and neck and roll him away from the scene.
 - c. Tie his legs together and drag him feet first.
 - d. Grasp his clothing under his shoulders, support his head and neck, and drag him lengthwise.
- 74.** To safely perform a chair carry you need
- a. 2 rescuers
 - b. 3 rescuers
 - c. 4 rescuers
 - d. 5 rescuers

19 Musculoskeletal - Upper Limbs

- 75.** Crepitus is:
- a. Poor distal circulation
 - b. A grating sound caused by bone ends rubbing together
 - c. A type of splint
 - d. A type of fracture
- 76.** After discovering a possible fracture you should assess which of the following before and after splinting:
- a. Sensation, morbidity, protrusion.
 - b. Capillary refill, pulse, sensation.
 - c. Pulse, motor function, sensation.
 - d. Crepitus, resistance, pain.
- 77.** A worker has had his hand caught in a car door. You suspect several fractured bones in the hand. The hand should be splinted:
- a. Flat against the splint.
 - b. In a tight fist position.
 - c. With the fingers taped together.
 - d. In the position of function.
- 78.** In the case of suspected fracture of the clavicle, emergency responders should use:
- a. An arm sling supported with broad bandages.
 - b. A St. John tubular sling tied on the injured side.
 - c. A St. John tubular sling tied on the uninjured side.
 - d. Rigid splints to support the arm and support the shoulder.

79. Force on a joint may cause bone ends to come out of their proper position. This type of injury is called a:

- a. Sprain
- b. Fracture
- c. Dislocation
- d. Strain

80. After an extremity fracture has been immobilized, the responder should check for circulation:

- a. In the injured limb only.
- b. Distal to the injury.
- c. Proximal to the injury.
- d. At the site of the fracture.

20 Musculoskeletal - Lower Limbs

81. The longest, strongest bone in the body is the:

- a. Humerus.
- b. Fibula.
- c. Tibia.
- d. Femur.

82. Effective immobilization of the tibia includes immobilization of the:

- a. Knee, tibia, fibula and ankle.
- b. Femur, knee, tibia and ankle.
- c. Femur and ankle.
- d. Hip, femur, knee, tibia and ankle.

83. You can best control the swelling and pain of an ankle sprain by:

- a. Tight bandages and a heating pad.
- b. Rest, immobilization, application of cold, and elevation.
- c. Rigid splints and bandages
- d. Compression, elevation and application of heat.

- 84.** If the patient has an open fracture responders should :
- a. Attempt to push bones back into the wound.
 - b. Use bulky dressings to pad around the protruding bones ends.
 - c. Apply pressure directly over the fracture to control bleeding.
 - d. Apply a tourniquet above the fracture site.
- 85.** A traction splint could be used for which of the following injuries:
- a. A fractured pelvis.
 - b. An injured knee joint.
 - c. A dislocated hip.
 - d. A mid-shaft femur fracture.

21 Head/spinal/pelvic Injury

- 86.** A concussion is best described as:
- a. Bruising or swelling of the spinal cord.
 - b. Tearing of brain tissue.
 - c. Pooling of blood in the brain.
 - d. Temporary loss of brain function
- 87.** You are examining the head of an infant who has been involved in a car crash. You need to be aware of:
- a. Soft spots in the infant's skull.
 - b. Infant's pupils react differently than adults.
 - c. Whether or not the infant can cry forcefully.
 - d. The startle reflex.
- 88.** When immobilizing a patient on a spine board, which part of the body is the first to be strapped?
- a. Chest
 - b. Pelvis
 - c. Legs
 - d. Head

89. Contusions are:

- a. Usually controlled with direct pressure
- b. Very serious for the patient due to increased pressure in the brain.
- c. Usually associated with scalp lacerations
- d. Almost always seen in children.

90. The Glasgow Coma Scale measures three basic functions. They are:

- a. Eye, verbal and motor responses.
- b. Pulse rate, speech, involuntary movement.
- c. Pulse rate, respiration rate, eye response.
- d. Respiration rate, eye response, voluntary movement.

91. Which one of the following changes in vital signs is characteristic of brain injury:

- a. Increase in pulse rate.
- b. Constant respiratory rate.
- c. increase in blood pressure.
- d. Decrease in blood pressure.

92. "Raccoon eyes" indicates:

- a. Possible eye injury
- b. Possible fracture of the jaw
- c. Possible scalp laceration
- d. Possible head injury

93. You are called to the scene of a motorcycle crash. The rider is dazed and walking around. You should:

- a. Suspect spinal injury and manage accordingly.
- b. Not worry about spinal injury because the person is mobile.
- c. Advise the person to lie down in case of fainting.
- d. Determine the chief complaint and provide first aid for it.

94. When managing a possible spinal injury:

- a. The cervical immobilization device is applied by the police.
- b. Transport the patient in the position of greatest comfort.
- c. Apply a cervical immobilization device before assessing the patient.
- d. Responders must provide initial stabilization by supporting the head and ensuring neutral alignment

95. A helmet must be removed from a patient:

- a. If there are no airway or breathing problems.
- b. If the patient will be immobilized to a long spinal immobilization device.
- c. When the helmet has a face mask that interferes with the responder's ability to assist with ventilations
- d. It is a full-face helmet.

96. When dealing with pelvic injuries you must always consider the possibility of:

- a. Ruptured bladder.
- b. Ruptured spleen.
- c. Spinal injuries.
- d. Rib fractures.

97. To properly measure a cervical collar, you:

- a. Measure the distance from the ear lobe to the shoulder.
- b. Measure the distance from the corner of the mouth to the ear lobe.
- c. Measure the distance from the cheekbone to the shoulder blade.
- d. Measure the distance from the trapezius muscle to the angle of the jaw

22 Poisons, Bites and Stings

98. Contact dermatitis occurs when:

- a. The skin comes in contact with a poisonous substance.
- b. A poison enters the eye of a contact lens wearer.
- c. Hot gases are inhaled.
- d. A poison is injected under the skin.

- 99.** Carbon monoxide:
- a. May result from fires or automobile exhaust.
 - b. Has a very distinct odour
 - c. Is not life-threatening.
 - d. Requires the administration of low concentration O².

- 100.** A child has swallowed an unknown poisonous substance. You should:
- a. Dilute the poison with several glasses of cool water.
 - b. Call your local Poison Control Centre and follow directions.
 - c. Give a solution of mild liquid dish detergent and water.
 - d. Use activated charcoal.

23

Anatomy and Physiology

- 101.** The external layer of the skin is called::
- a. Cutaneous tissue.
 - b. Dermis.
 - c. Adipose tissue.
 - d. Epidermis.

- 102.** Muscles are attached to the bones by:

- a. Ligaments.
- b. Meninges.
- c. Cartilage.
- d. Tendons.

- 103.** The appendix is located in which quadrant of the abdomen:

- a. Lower right.
- b. Upper right.
- c. Upper left.
- d. Lower left.

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104. The white exterior portion of the eye is called the:

- a. Pupil.
- b. Sclera.
- c. Cornea.
- d. Iris.

106. The pulse point located in the upper portion of the thigh is called the:

- a. Popliteal.
- b. Femoral.
- c. Brachial.
- d. Temporal.

105. A skeletal injury to the lower back could result from direct trauma to the:

- a. Cervical vertebrae.
- b. Thoracic vertebrae.
- c. Lumbar vertebrae.
- d. Coccygeal vertebrae.

107. Which one of the following is a function of the skin?

- a. Regulation of oxygen levels.
- b. Production of proteins.
- c. Regulation of body temperature.
- d. Removal of carbon dioxide.

24 Behavioural Emergencies

108. Urine is expelled from the body through the:

- a. Kidneys.
- b. Bladder.
- c. Ureters.
- d. Urethra.

109. Insulin is produced in the:

- a. Spleen.
- b. Liver.
- c. Pancreas.
- d. Gall bladder.

110. When communicating with patients:

- a. Stay at eye level & maintain eye contact.
- b. Stay as close to the patient as possible.
- c. Use medical terminology to enhance credibility.
- d. Hide facts if the situation is serious.

111. In cases of behavioural disorders, the responder should:

- a. Always use restraints.
- b. Give the patient a choice in the treatment
- c. Play along with auditory or visual hallucinations.
- d. Force the patient to make decisions.

112. The best way to prevent a Critical Incident Stress situation from becoming worse is:

- a. Ignore it.
- b. Be familiar with the signs and symptoms.
- c. Ensure early use of proper medication.
- d. Force the responder to talk about the situation.

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25 Eye Injuries

113. Remove a contact lense only if:

- a. There is a chemical burn to the eye.
- b. The eyeball is injured.
- c. Transport time is short.
- d. The casualty is wearing hard lenses.

114. You discover a particle embedded in the casualty's cornea. You should:

- a. Remove the particle with a moist corner of a facial tissue or clean cloth.
- b. Flush the eye with water for 10 minutes.
- c. Use a splinter forcep to remove the particle.
- d. Cover the eye and transport the casualty to medical help.

115. Signs and symptoms of intense light burns to the eyes include:

- a. Bleeding from the conjunctiva.
- b. Gritty feeling in the eyes.
- c. Lacerations to the globe.
- d. Discolouration of the orbits.

116. Eye injuries that include lacerations:

- a. Should be covered with clean, moist dressings.
- b. Indicate possible skull fracture.
- c. Usually involve a great deal of bleeding.
- d. Require moderate pressure on the eye to control bleeding.

117. Irrigate eyes with:

- a. Diluted vinegar.
- b. Saline solution.
- c. An appropriate chemical antidote.
- d. Sodium bicarbonate.

118. Signs and symptoms of acute abdomen include:

- a. Excessive hunger or thirst.
- b. Hypertension and brachycardia.
- c. Distension with rebound tenderness.
- d. Fever with deep, shallow breathing.

119. Signs that a hernia is serious include:

- a. Pain and tenderness at site.
- b. Pale, ashen skin colour at site.
- c. Hernia can be pushed back into body.
- d. Hernia is above the diaphragm.

120. Which one of the following is not crucial in cases of abdominal distress:

- a. Establish the cause of the pain.
- b. Give oxygen by non-rebreather mask.
- c. Be prepared to deal with vomiting.
- d. Monitor the patient for signs of hypovolemic shock.

121. In the case of abdominal evisceration, the emergency responder should:

- a. Irrigate the wound before dressing it.
- b. Give oxygen by nasal canula.
- c. Dress the wound with a moist, sterile dressing
- d. Gently reposition the organs in the abdominal cavity.

122. "Referred pain":

- a. Occurs when the sensation of pain is delayed.
- b. Results when the two nervous systems come into contact.
- c. Is the symptomatic description of pain by the patient.
- d. Is the description of pain as recorded on the patient care report.

123. Trauma to male and female genitalia:

- a. Often involves significant bleeding.
- b. Is not usually painful because of protected nerve endings.
- c. Usually results in sterility.
- d. Often results in post-traumatic infection.

27**Multiple Casualty Incident (MCI)**

- 124.** The priorities of MCIs include *all but one* of the following.
- a. Overestimating the resources that may be required.
 - b. Comprehensive care of all patients.
 - c. Planning for the positioning of all vehicles.
 - d. Arranging for advanced level care providers at the scene.

125. At the scene of a MCI:

- a. All patients are assessed quickly and triaged.
- b. Only conscious patients are assessed.
- c. Patients without a detectable pulse are given the highest priority.
- d. All patients are transported immediately.

126. Typically in a triage system:

- a. Those whose survival requires immediate care are classified level 3.
- b. Those with minor injuries but suffering extreme pain are classified level 1.
- c. Those in cardiac arrest or not breathing are classified level 2.
- d. Those who will survive if care is somewhat delayed are classified level 2.

127. The most knowledgeable responder in the first ambulance is generally assigned to role of:

- a. Incident manager.
- b. Triage officer.
- c. Staging officer.
- d. Communications officer.

128. Of the following casualties, which would you care for first? The casualty who is:

- a. In shock without apparent injuries, but conscious.
- b. Unconscious and lying on his back.
- c. Bleeding from the forehead, but conscious.
- d. Unconscious and lying on his stomach.

28 Substance Abuse

- 129.** The factor which indicates a drug related emergency is life-threatening is:
- a. Altered mental status.
 - b. Dilated pupils slow to respond to light.
 - c. Lack of coordination and slurred speech.
 - d. High, low or irregular pulse.

- 130.** Constant monitoring of the patient in a drug- related emergency is important because:
- a. The patient will likely try to take more of the drug.
 - b. These patients are more likely to sue.
 - c. The patient's condition may change quickly.
 - d. The patient is more likely to become violent.

29 Communications

- 131.** The most accurate source of time for reporting purposes is:
- a. The responder's watch.
 - b. The dispatch unit.
 - c. The local radio station.
 - d. The patient's watch.

- 132** An essential element of a responder's verbal report includes:
- a. The name of the patient.
 - b. The patient's telephone number.
 - c. The time of the incident.
 - d. The patient's response to the care given

30 Geriatric Emergencies

- 133.** Which one of the following is the best way to assess dehydration in the elderly:
- a. Check the mucous membranes in the eyes and mouth.
 - b. Check skin condition.
 - c. Take an oral temperature.
 - d. Assess the pulse rate.
- 134.** An eighty-five year old lady has fallen down a flight of stairs. You suspect spinal injury and decide to put the patient on a spineboard. You should be aware that:
- a. It may be difficult to fit a cervical collar.
 - b. Spinal curvature may make it difficult and uncomfortable to put the patient on the board.
 - c. A K.E.D. is better for this patient.
 - d. Because of her age, she may be more prone to vomiting.

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135. Which of the following is NOT a special consideration when assessing elderly patients:

- a. Geriatric patients often have a reduced gag reflex.
- b. Radial pulses may be weakened by peripheral vascular disease.
- c. Patients may not show signs of fever even in cases of serious infection.
- d. Mental status often reflects a fear of emergency responders.

31 **Emergency Childbirth**

136. Crowning occurs:

- a. In the first stage of labour.
- b. In the second stage of labour.
- c. In the third stage of labour.
- d. In the fourth stage of pregnancy.

137. When suctioning a newborn you should use:

- a. a bulb syringe.
- b. A V-Vac suction device.
- c. A straw.
- d. A battery powered suction device.

138. To help control bleeding after the baby is born:

- a. Pack the vagina with pads.
- b. Massage the mother's uterus.
- c. Elevate the mother's legs above heart level.
- d. Place the mother on her right side.

32 **Pediatric Emergencies**

139. One of the most difficult things to assess in infants and young children is:

- a. Blood pressure.
- b. Pain.
- c. Adequate perfusion.
- d. Level of consciousness.

140. The onset of shock in infants and children:

- a. May be sudden and severe.
- b. Is no different than adults.
- c. Usually progresses slowly.
- d. Usually results from cardiac problems.

- 141.** Assessments of children should take into consideration:
- a. No splints should be used since all are designed for adult patients.
 - b. Abdominal injuries are less serious since muscles are less developed.
 - c. The skull has not completely fused, so head injuries are uncommon.
 - d. Chest injury is likely to involve organs without damage to ribs.

- 142.** The responder who suspects a child to be the victim of abuse should:
- a. Question parents immediately.
 - b. Focus on management of injuries to the child.
 - c. Gather evidence and question bystanders.
 - d. Immediately remove the child from parents or caregivers.

- 143.** A child with history of a sore throat, fever and painful swallowing, has breathing difficulties. You should:
- a. Arrange for immediate transport to a medical facility.
 - b. Start mouth-to-mouth artificial respiration.
 - c. Stand by and encourage coughing.
 - d. Begin abdominal thrusts.

33

Aquatic Emergencies

- 144.** The mammalian reflex refers to:
- a. An increase in heart rate and respiration.
 - b. A decrease in heart rate and dilation of blood vessels.
 - c. An increase in heart rate and constriction of pupils.
 - d. A decrease in heart rate and constriction of blood vessels.
- 145.** Three common scuba related emergencies are:
- a. Air embolism, decompression sickness and mammalian reflex.
 - b. Air embolism, decompression sickness and barotrauma.
 - c. Decompression sickness, the bends and barotrauma.
 - d. Air embolism, barotrauma and the squeeze.

146. In cases of near drowning:

- a. The lungs are often filled with water and require deep suctioning.
- b. Laryngospasm prevents water from entering the lungs.
- c. Abdominal thrusts should always be performed before ventilating the patient.
- d. Manual suction devices are not powerful enough to remove water and fluids from the airway.

147. You have been helping at a water rescue when one of the divers begins to have problems. You suspect air embolism. This patient should receive:

- a. Oxygen at 15 lpm.
- b. Oxygen at 6 lpm.
- c. Epinephrine.
- d. Inhaled steroids.

34

Extended Care

148. To reduce the risk of respiratory infection and pneumonia where medical care is delayed, responders should:

- a. Have the patient breathe deeply and cough.
- b. Provide the patient with adequate hydration.
- c. Position the patient in the position of comfort.
- d. Ensure the patient is kept warm and at rest.

149. When positioning a patient, responders should consider that:

- a. Raising arms and legs will produce swelling.
- b. Semi-sitting will improve blood flow to the heart.
- c. Knees raised will reduce pressure on the abdomen.
- d. Recovery position will often improve breathing.

150. When caring for wounds over extended periods, always:

- a. Remove dressings and bandages regularly to check the wound.
- b. Clean wounds with antiseptic before applying dressings.
- c. Apply a tourniquet to prevent excessive bleeding.
- d. Check regularly for signs of infection or reduced circulation.

151. The maintenance of fluids and nutrition is key to extended patient care and can be provided by:

- a. Giving fluids and food to all patients regardless of MOI.
- b. Use small amounts of liquids and foods to determine whether the patient can tolerate the intake.
- c. Allow the patient to consume any foods they would like to make them feel more comfortable.
- d. Even if the patient is not thirsty or hungry the responder must insist on intake.

152. When administering medication, responders should consider that:

- a. Right medication, right amount, right person, right time, right method.
- b. Right nutrition, , right method, right time, right person, right amount
- c. Right medication, right action, right person, right time, right responsibility
- d. Right medication, right amount, right person, right responsibility, right action

153. To give ear drops to an adult, the ear should be pulled:

- a. Downward and backward.
- b. Downward and forward.
- c. Upward and backward.
- d. Upward and forward.

35 First Aid Stations/Rooms

154. Provincial first aid legislation prescribes the contents of:

- a. First aid boxes, first aid rooms and first aid manuals.
- b. First aid stations, training programs and equipment manufacturers.
- c. First aid boxes, first aid reports and record keeping.
- d. First aid boxes, first aid rooms and training.

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155. First aid stations must:

- a. Be easily accessible to workers
- b. Have a shower
- c. Be at least 6 square meters in size
- d. Have oxygen available

36 Ambulance Operation/Maintenance

156. Footprints can best be described as:

- a. The area of contact between the road surface and the tires.
- b. The type of tread on the tire.
- c. Footsteps used to get into the back of the ambulance.
- d. Skid patterns on dry pavement.

157. Ground guides or spotters should be situated:

- a. Behind the vehicle on the driver side.
- b. On the front left side of the vehicle.
- c. Front and centre of the vehicle.
- d. On the front right side of the vehicle.

37 Record Keeping

158. When completing the patient narrative:

- a. Try to establish an accurate diagnosis.
- b. Record the signs and symptoms as accurately as possible.
- c. Do not include negative data.
- d. Always use medical terminology.

159. A patient refuses your care. You should:

- a. Fill out and personally sign a "Refusal of Care" form.
- b. Proceed with patient assessment and management and ignore the refusal.
- c. Find a relative or family member to give you consent.
- d. Have the patient and a witness sign the "Refusal of Care" form.

38 General Pharmacology

- 160.** Sublingual medication is given:
- By injection using an auto-injector.
 - Under the patient's tongue.
 - By inhalation using a metered dose inhaler.
 - As a tablet to be swallowed.
- 161.** Contraindications of a medication tell responders:
- When a medication should not be given to the patient.
 - When the medication is commonly used for patients.
 - The expected results of the medication.
 - Actions that might not be desirable yet occur along with desired effects.
- 162.** The ACTION of the drug refers to:
- The harmful effects.
 - The side effects.
 - The expected effects.
 - The method of administration.

39 Dental Emergencies

- 163.** To manage severe toothaches, responders should:
- Advise the patient to chew on the other side of the mouth.
 - Advise the patient to drink hot liquids to soothe discomfort.
 - Advise the patient to suck on ice cubes to dull the pain.
 - Extract the tooth with the assistance of a second responder.
- 164.** When handling a knocked-out tooth you should:
- Place the tooth back in the patient's mouth.
 - Place the tooth in a cup of milk.
 - Wrap the tooth in dry gauze.
 - Place the tooth in a mild acidic solution using vinegar.

165. Lividity refers to:

- a. Stiffening of the joints post mortem.
- b. Cooling of the body post mortem.
- c. Settling of blood in the body due to gravity.
- d. The beginning signs of decomposition.

166. Later signs of death include:

- a. Staining, milky corneas and flushed skin.
- b. Staining, lividity and decomposition.
- c. Rigor mortis, lividity and milky corneas.
- d. Rigor mortis, flushed skin and decomposition.



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ADVANCED MEDICAL FIRST RESPONDER 2 EXAM ANSWER KEY Core and Elective Sessions

1-13	Core Sessions	30. a b <input type="radio"/> c d 31. a b c <input type="radio"/> d 32. <input type="radio"/> a b c d 33. a b <input type="radio"/> c d 34. a <input type="radio"/> b c d 35. a b <input type="radio"/> c d 36. a b c <input type="radio"/> d 37. a b <input type="radio"/> c d 38. a b c <input type="radio"/> d 39. a b <input type="radio"/> c d 40. <input type="radio"/> a b c d 41. <input type="radio"/> a b c d 42. a <input type="radio"/> b c d 43. a b c <input type="radio"/> d 44. a <input type="radio"/> b c d 45. a b c <input type="radio"/> d 46. <input type="radio"/> a b c d 47. a b <input type="radio"/> c d 48. <input type="radio"/> a b c d 49. a <input type="radio"/> b c d 50. <input type="radio"/> a b c d	15	Burns	78. a b <input type="radio"/> c d 79. a b <input type="radio"/> c d 80. a <input type="radio"/> b c d	
	1. a b <input type="radio"/> c d 2. a b c <input type="radio"/> d 3. a b <input type="radio"/> c d 4. a b <input type="radio"/> c d 5. a <input type="radio"/> b c d 6. a <input type="radio"/> b c d 7. a b c <input type="radio"/> d 8. a b c <input type="radio"/> d 9. <input type="radio"/> a b c d 10. a b <input type="radio"/> c d 11. a b c <input type="radio"/> d 12. <input type="radio"/> a b c d 13. a <input type="radio"/> b c d 14. <input type="radio"/> a b c d 15. a b <input type="radio"/> c d 16. <input type="radio"/> a b c d 17. <input type="radio"/> a b c d 18. a <input type="radio"/> b c d 19. a b c <input type="radio"/> d 20. a b c <input type="radio"/> d 21. a b c <input type="radio"/> d 22. a b <input type="radio"/> c d 23. a <input type="radio"/> b c d 24. <input type="radio"/> a b c d 25. a b <input type="radio"/> c d 26. a <input type="radio"/> b c d 27. a <input type="radio"/> b c d 28. <input type="radio"/> a b c d 29. <input type="radio"/> a b c d		16	Wound Management	20	Musculoskeletal - Lower Limbs
				57. a b <input type="radio"/> c d 58. <input type="radio"/> a b c d 59. <input type="radio"/> a b c d 60. <input type="radio"/> a b c d 61. a b c <input type="radio"/> d 62. a b <input type="radio"/> c d 63. a b c <input type="radio"/> d 64. a <input type="radio"/> b c d 65. a b c <input type="radio"/> d 66. <input type="radio"/> a b c d 67. a b <input type="radio"/> c d 68. a b c <input type="radio"/> d		81. a b c <input type="radio"/> d 82. <input type="radio"/> a b c d 83. a <input type="radio"/> b c d 84. a <input type="radio"/> b c d 85. a b c <input type="radio"/> d
	Elective Sessions	14	17	Environmental Illness & Injury	21	Head/Spinal/Pelvic Injury
	AED			69. <input type="radio"/> a b c d 70. a <input type="radio"/> b c d 71. a b c <input type="radio"/> d		86. a b c <input type="radio"/> d 87. <input type="radio"/> a b c d 88. <input type="radio"/> a b c d 89. a <input type="radio"/> b c d 90. <input type="radio"/> a b c d 91. a b <input type="radio"/> c d 92. a b c <input type="radio"/> d 93. <input type="radio"/> a b c d 94. a b c <input type="radio"/> d 95. a b <input type="radio"/> c d 96. a b <input type="radio"/> c d 97. a b c <input type="radio"/> d
	51. <input type="radio"/> a b c d 52. a b <input type="radio"/> c d 53. <input type="radio"/> a b c d 54. a b <input type="radio"/> c d 55. a b c <input type="radio"/> d 56. a <input type="radio"/> b c d	18	19	Lifting and Carrying		
				72. <input type="radio"/> a b c d 73. a b c <input type="radio"/> d 74. a <input type="radio"/> b c d 75. a <input type="radio"/> b c d 76. a b <input type="radio"/> c d 77. a b c <input type="radio"/> d		
			Musculoskeletal - Upper Ext.			
						(cont'd) March 2007

ADVANCED MEDICAL FIRST RESPONDER 2 EXAM ANSWER KEY Core and Elective Sessions

<p>22 Poisons, Bites and Stings</p> <p>98. (a) b c d</p> <p>99. (a) b c d</p> <p>100. a (b) c d</p>	<p>122. a (b) c d</p> <p>123. (a) b c d</p> <p>27 Multiple Casualty Incident (MCI)</p> <p>124. a (b) c d</p> <p>125. (a) b c d</p> <p>126. a b c (d)</p> <p>127. (a) b c d</p> <p>128. a (b) c d</p>	<p>33 Aquatic Emergencies</p> <p>144. a b c (d)</p> <p>145. a (b) c d</p> <p>146. a (b) c d</p> <p>147. (a) b c d</p>	<p>38 General Pharmacology</p> <p>160. a (b) c d</p> <p>161. (a) b c d</p> <p>162. a b (c) d</p>
<p>23 Anatomy and Physiology</p> <p>101. a b c (d)</p> <p>102. a b c (d)</p> <p>103. (a) b c d</p> <p>104. a (b) c d</p> <p>105. a b (c) d</p> <p>106. a (b) c d</p> <p>107. a b (c) d</p> <p>108. a b c (d)</p> <p>109. a b (c) d</p>	<p>28 Substance Abuse</p> <p>129. a b c (d)</p> <p>130. a b (c) d</p> <p>29 Communications</p> <p>131. a (b) c d</p> <p>132. a b c (d)</p>	<p>34 Extended Care</p> <p>148. (a) b c d</p> <p>149. a b (c) d</p> <p>150. a b c (d)</p> <p>151. a (b) c d</p> <p>152. (a) b c d</p> <p>153. a b (c) d</p>	<p>39 Dental Emergencies</p> <p>163. (a) b c d</p> <p>164. a (b) c d</p> <p>40 Death at Sea / Remote Areas</p> <p>165. a b (c) d</p> <p>166. a b (c) d</p>
<p>24 Behavioural Emergencies</p> <p>110. (a) b c d</p> <p>111. a (b) c d</p> <p>112. a (b) c d</p>	<p>30 Geriatric Emergencies</p> <p>133. (a) b c d</p> <p>134. a (b) c d</p> <p>135. a b c (d)</p>	<p>35 First Aid Stations / Rooms</p> <p>154. a b c (d)</p> <p>155. (a) b c d</p>	
<p>25 Eye Injuries</p> <p>113. (a) b c d</p> <p>114. a b c (d)</p> <p>115. a (b) c d</p> <p>116. a b (c) d</p> <p>117. a (b) c d</p>	<p>31 Emergency Childbirth</p> <p>136. a (b) c d</p> <p>137. (a) b c d</p> <p>138. a (b) c d</p>	<p>36 Ambulance Operation / Maintenance</p> <p>156. (a) b c d</p> <p>157. (a) b c d</p>	
<p>26 Gastrointestinal & Geritourinary</p> <p>118. a b (c) d</p> <p>119. (a) b c d</p> <p>120. (a) b c d</p> <p>121. a b (c) d</p>	<p>32 Pediatric Emergencies</p> <p>139. a (b) c d</p> <p>140. (a) b c d</p> <p>141. a b c (d)</p> <p>142. a (b) c d</p> <p>143. (a) b c d</p>	<p>37 Record Keeping</p> <p>158. a (b) c d</p> <p>159. a b c (d)</p>	



St. John Ambulance

ADVANCED MEDICAL FIRST RESPONDER 2 EXAM ANSWER SHEET Core and Elective Sessions

1-13	Core Sessions	30. a b c d	15	Burns	78. a b c d
		31. a b c d			79. a b c d
	1. a b c d	32. a b c d		57. a b c d	80. a b c d
	2. a b c d	33. a b c d		58. a b c d	20
	3. a b c d	34. a b c d		59. a b c d	Musculoskeletal - Lower Limbs
	4. a b c d	35. a b c d		60. a b c d	81. a b c d
	5. a b c d	36. a b c d	16	Wound Management	82. a b c d
	6. a b c d	37. a b c d			83. a b c d
	7. a b c d	38. a b c d		61. a b c d	84. a b c d
	8. a b c d	39. a b c d		62. a b c d	85. a b c d
	9. a b c d	40. a b c d		63. a b c d	
	10. a b c d	41. a b c d		64. a b c d	21
	11. a b c d	42. a b c d		65. a b c d	Head/Spinal/ Pelvic Injury
	12. a b c d	43. a b c d		66. a b c d	86. a b c d
	13. a b c d	44. a b c d		67. a b c d	87. a b c d
	14. a b c d	45. a b c d		68. a b c d	88. a b c d
	15. a b c d	46. a b c d	17	Environmental Illness & Injury	89. a b c d
	16. a b c d	47. a b c d			90. a b c d
	17. a b c d	48. a b c d		69. a b c d	91. a b c d
	18. a b c d	49. a b c d		70. a b c d	92. a b c d
	19. a b c d	50. a b c d		71. a b c d	93. a b c d
	20. a b c d	Elective Sessions	18	Lifting and Carrying	94. a b c d
	21. a b c d	14			95. a b c d
	22. a b c d	AED		72. a b c d	96. a b c d
	23. a b c d	51. a b c d		73. a b c d	97. a b c d
	24. a b c d	52. a b c d		74. a b c d	
	25. a b c d	53. a b c d	19	Musculoskeletal - Upper Ext.	
	26. a b c d	54. a b c d			
	27. a b c d	55. a b c d		75. a b c d	
	28. a b c d	56. a b c d		76. a b c d	<i>(cont'd)</i>
	29. a b c d			77. a b c d	March 2007

