

## FIRST AID STATEMENTS OF FACT

1. The complete chain of professionals and services linked together to provide emergency care is the EMS system. (Ch. 1 page 3)
2. The primary concern of an Emergency Medical Responder at an emergency is personal safety. (Ch. 1 page 11)
3. Providing emergency care using minimal equipment is one of the four main duties of an Emergency Medical Responder at the scene of an emergency. (Ch. 1 page 12-13)
4. An injured patient asks if he is hurt. Your response should be we will do everything we can to see that you are cared for properly. (Ch. 3 page 48)
5. Before providing care for a consenting adult, you should tell the patient what you are going to do. (CH. 2 page 23)
6. Unless otherwise stated, all references to body structures are made when the body is in anatomical position. (Ch. 4 page 56)
7. The term that can be used in describing the front of the heart is anterior. (Ch. 4 page 56)
8. During normal metabolism, the cell converts glucose into energy. (Ch. 5 page 88)
9. Certain conditions can cause the capillaries in the lungs to leak fluid. This is caused by an increase in permeability. (Ch. 5 page 89)
10. Cardiac output is a function of both stroke volume and heart rate. (Ch. 5 page 93)
11. When performing a one-rescuer drag, you should always drag the patient lengthwise. (Ch. 6 page 102)
12. Hepatitis B is the disease that causes the greatest number of deaths among health care workers. (Ch. 3 page 38)
13. Three rescuers is the minimum number of rescuers recommended to perform a direct ground lift. (Ch. 6 page 104)
14. Ask one question at a time, and allow the patient ample time to respond is the best approach to interviewing a patient. (Ch. 7 page 126)

15. A verbal transfer of care report does not typically include mileage from scene to hospital. (Ch. 7 page 128)
16. The patient's vital signs and medical history are examples of patient data. (Ch. 8 page 135)
17. A Patient's name is not considered part of the minimum data set documenting an EMS call. (Ch. 8 page 136)
18. The moment when both heartbeat and respirations stop, a patient is referred to as clinically dead. (Ch. 9 page 144)
19. Inspiration (inhalation) occurs when the volume inside the chest cavity increases and the lungs expand. (Ch. 9 page 143)
20. Jaw-thrust maneuver is recommended for opening the airway of a patient with possible spine injury. (Ch. 9 page 148)
21. Mouth-to-mask is the technique recommended as the first choice for a solo rescuer to provide rescue breaths. (Ch. 9 page 149)
22. When positioning a pocket face mask, the base of the mask should rest between the patient's lower lip and the chin. (Ch. 9 page 167)
23. The recommended duration of a breath delivered to an adult patient who is in respiratory arrest is 1 second. (Ch. 10 page 187)
24. While performing mouth-to-mask ventilations on an adult, the recommended rate is one breath delivery every 5-6 seconds. (Ch. 9 page 151)
25. During rescue breathing, it is possible for air to enter the patient's stomach. The best way to minimize this problem is to reduce the force of ventilation. (Ch. 9 page 154)
26. One sign of a partial airway obstruction is gurgling. It may be caused by fluids in the upper airway. (Ch. 9 page 155)
27. A patient who is unable to cough with a partial airway obstruction should be cared for as if he had a complete obstruction. (Ch. 9 page 155)
28. For an unresponsive adult with a complete air obstruction, you should begin chest compressions. (Ch. 9 page 155)
29. An oropharyngeal airway should be used on non-breathing patients who are unresponsive with no gag reflex. (Ch. 9 page 160)

30. When measuring for fit, a properly sized oropharyngeal airway will extend from the center of a patient's mouth to the angle of the lower jaw. (Ch. 9 page 161)
31. It is appropriate to use a nasopharyngeal airway on unresponsive patient who has suffered head and facial trauma. (Ch. 9 page 162)
32. One function of the regulator on an oxygen tank is to reduce tank pressure. (Ch. 10 page 176)
33. The appropriate flow rate for a nasal cannula is 1-6 LPM. (Ch. 10 page 180)
34. The minimum flow rate for a nonrebreather mask is 10 LPM. (Ch. 10 page 181)
35. The most appropriate location to check for a pulse on an unresponsive adult is the neck. (Ch. 11 page 193)
36. If respiratory arrest and cardiac arrest occur the Brain cells begin to die in several minutes. (Ch. 11 page 191)
37. When assessing a pulse on a suspected cardiac arrest victim, you should feel for no more than 10 seconds. (Ch. 11 page 193)
38. During CPR, compressions should be delivered at a rate of 100-120 per minute. (Ch. 11 page 196)
39. The correct depth of compressions for the adult patient during CPR is at least two inches. (Ch. 11 page 196)
40. During one-rescuer CPR on an adult, **deliver 30 compressions followed by two ventilations. ventilations are delivered two breaths for every 30 compressions.** (Ch. 11 page 197)
41. When caring for a patient in cardiac arrest, interruptions in chest compressions should be kept to 10 seconds or less. (Ch. 11 page 197)
42. The most common type of rhythm that an AED will help correct is ventricular fibrillation. (Ch. 11 page 207)
43. The upper chest electrode pad is placed on the right side of the chest. (Ch. 11 page 209)
44. You are caring for a victim of cardiac arrest and just delivered a shock with the AED. You should then continue chest compressions. (Ch. 11 page 210)
45. The most common operating problem with an AED is improperly attached electrode pad. (Ch. 11 page 211)

46. When performing two-rescuer CPR on an adult, rescuers should switch roles every two minutes. (Ch. 11 page 202)
47. After a shock is delivered using an AED, the Emergency Medical Responder should immediately continue CPR. (Ch. 11 page 210)
48. A patient initially appears to be unresponsive but opens his eyes when you introduce yourself to him. Using the AVPU scale, verbal is how you would classify this patient's mental status. (Ch. 12 page 223)
49. Popliteal is considered a central, rather than peripheral, pulse. (Ch. 12 page 225)
50. A pulse rate above 100 beats per minute is considered abnormal for an adult. (Ch. 12 page 226)
51. The term *perfusion* is best defined as the circulation of oxygenated blood throughout the body. (Ch. 12 page 221)
52. Both the systolic and diastolic pressures are measured when blood pressure taken by auscultation is correct. (Ch. 12 page 229-230)
53. A standard blood pressure cuff is used to obtain a blood pressure reading in the brachial artery. (Ch. 12 page 227-228)
54. For most adults, a systolic blood pressure below 90 mm Hg is considered abnormal. (Ch. 12 page 228)
55. The purpose of the primary assessment is to identify and correct life-threatening problems. (Ch. 13 page 240)
56. The best source of information to determine what is wrong with a responsive patient comes from the patient. (Ch. 13 page 260)
57. The first two steps in the primary assessment are to form a general impression and assess mental status. (Ch. 13 page 250)
58. During primary assessment, you should check for uncontrolled bleeding. (Ch. 13 page 255)
59. A sign is what you see, hear, feel, and smell when examining the patient. (Ch. 13 page 240)
60. A symptom is what the patient tells you is wrong. (Ch. 13 page 240)
61. When assessing a pulse, you should assess for rate, strength, and rhythm. (Ch. 12 Ch. 12 page 225)

62. When assessing respirations, you should assess for depth, rate, sound and ease of breathing. (Ch. 12 page 223)
63. A respiratory rate of less than 10 breaths per minute in an adult likely indicates a serious condition. (Ch. 12 page 225)
64. The least likely signs and symptoms to be suggestive of cardiac compromise slurred speech. (Ch. 14 page 277)
65. After the heart pumps blood out of the left ventricle, the blood next travels to the Aorta. (Ch. 14 page 276)
66. A patient complaining of chest pain and showing signs of possible heart attack should be placed in a position of comfort. (Ch. 14 page 283)
67. Respiratory rate of 6 with shallow tidal volume is most indicative of inadequate breathing in an adult. (Ch. 15 page 293)
68. The structure that lies between the mouth and the top of the lungs is the trachea. (page 290)
69. A responsive patient complaining of breathing difficulty will most likely benefit from being placed into sitting upright positions. (Ch. 15 page 293)
70. An obstruction or rupture of a cerebral blood vessel, resulting in a disruption of blood flow to the brain best describes the pathophysiology of a stroke. (Ch. 16 page 310)
71. In late or deep localized cold injury (frostbite), the skin usually appears white and waxy. (Ch. 17 page 342)
72. A patient with an altered mental status and hot, dry skin should be suspected of suffering from heat stroke. (Ch. 17 page 336)
73. Treatment for hypothermia should include all of the following removing any wet clothing, preventing the patient from moving as much as possible, and placing a blanket over and under the patient. (Ch. 17 page 339)
74. Heat loss caused by direct contact between the body and a cool object is called conduction. (Ch. 17 page 334)
75. Difficulty breathing or swallowing are signs of an allergic reaction to a bee sting would be an indication of anaphylaxis. (Ch. 17 page 334)
76. Blood is carried away from the heart to the rest of the body via the arteries. (Ch. 18 page 357)

77. The exchange of nutrients and waste products between the blood and the body's cells takes place at the level of the capillaries. (Ch. 18 page 358)
78. Six liters of blood are contained within the typical adult. (Ch. 18 page 357)
79. The purpose of an occlusive dressing is to create an airtight seal over a wound that penetrates a body cavity. (Ch. 18 page 363)
80. A superficial burn is an injury to the epidermis. (Ch. 18 page 379)
81. According to the rule of nines, a burn to the head and neck regions would be classified as 9% of the body surface area in an adult patient. (Ch. 18 page 380)
82. The proper care for a patient with serious burn covering a large surface area will include keeping the burned area clean by covering it with a dry dressing. (Ch. 18 page 382)
83. Your patient has splashed an unknown chemical into her eye. You should flush her eyes with water at least 20 minutes. (Ch. 18 page 384)
84. You should expect a patient with severe internal bleeding to present signs and symptoms of shock. (Ch. 18 page 366)
85. Distributive shock is best described as excessive dilation of blood vessels. (Ch. 19 page 392)
86. All of the following are signs of early, or compensated, shock altered mental status, cool and pale skin, and increased pulse rate. (Ch. 19 page 395)
87. Check distal CSM; immobilize the forearm ~~foreman~~; immobilize the elbow and wrist; recheck CSM are the most appropriate steps when treating a musculoskeletal injury to the forearm. (Ch. 20 page 422-423)
88. Injuries to the femur are considered serious because they can result in severe, life threatening bleeding. (Ch. 20 page 426)
89. Weakness of left arm and hand are signs and symptoms are most indicative of spine injury. (Ch. 21 page 441)
90. A concussion is best defined as injury to the soft tissue of the brain. (Ch. 21 page 437)
91. Of the following, the most common complication of a closed chest injury involving broken ribs is shallow, inadequate breathing. (Ch. 22 page 455)
92. The recommended method to stabilize an isolated chest injury is to splint the chest using bulky dressings or towels. (Ch. 22 page 455)

93. A pneumothorax occurs when a ruptured lung allows the chest cavity to fill with air. (Ch. 22 page 456)
94. Paradoxical chest wall movement suggests multiple broken ribs. (Ch. 22 page 457)
95. All of the following are ways the respiratory system is affected by aging process heightened ability to detect low levels of oxygen in the blood, increasing weakness of respiratory muscles, and loss of lung elasticity and collapse of small airway structures. (Ch. 24 page 511)
96. The idea behind a triage system is to do the most good for the largest number of people. (Ch. 27 page 566)
97. Apply a moist sterile dressing over the exposed organs and then cover with plastic when a patient has an open wound of the abdomen, and his intestines have been exposed. (Ch. 21 page 464)
98. You find blood freely flowing from a neck wound. As soon as is practical after applying direct pressure, you should apply an occlusive dressing. (Ch. 18 page 378)
99. When breathing and circulation stop, irreversible damage in the patient's brain is likely to begin within 4 to 6 minutes. (Ch. 7 page 123)
100. An object is loosely impaled in your patient's cheek. Its point has broken through the cheek wall into the mouth, and the wound is actively bleeding. You should remove the object and carefully place dressings on both sides of the cheek. (Ch. 18 page 373)

**Note:** all test material comes from Emergency Medical Responder First on Scene 10<sup>th</sup> edition by Christopher J. Le Baudour; published by Pearson; copyright 2016