

FIRST AID STATEMENTS OF FACT

1. Pertussis, hepatitis, and tetanus are commonly recommended immunization for health care providers. Ch.-3
2. Hepa mask would be the most important type of PPE to use when caring for a patient with tuberculosis. Ch.-3
3. Depression, burnout, insomnia are all common emotional reactions of an Emergency Medical Responder who has faced serious trauma, illness, or death. Ch.-3
4. Denial, anger, bargaining are terms used for the stages of death and dying. Ch.-3
5. Proper body substance isolation (BSI) precautions should be taken for any ill or injured patient. Ch.-3
6. Standing with hands at the sides and palms forward best describes the anatomical position. Ch.-4
7. The lower airway includes the following: Bronchi, alveoli, and trachea. Ch.-4
8. The central nervous system is made up of the brain and spinal cord. Ch.-4
9. The bladder is located in the pelvic cavity. Ch.-4
10. The abdominal cavity contains the liver and part of the large intestine. Ch.-4
11. The endocrine system includes the glands and hormones. Ch.-4
12. The kidneys are found in an area behind the abdominal wall. Ch.-4
13. Proper body mechanics are best defined as properly using your body to facilitate a lift or move. Ch.-6
14. When lifting a patient, your feet should be placed shoulder – width apart. Ch.-6
15. The load on your back is minimized if you can keep the weight, you are carrying as close to your body as possible. Ch.-6
16. Standard is the type of move used when there is no immediate threat to the patient's life. Ch.-6
17. When restraining a patient, it is important to remember that the patient should be kept supine at all times. Ch.-6
18. Before restraining a combative patient, the Emergency Medical Responder should obtain law enforcement assistance. Ch.-6

19. Rescue breathing is the application of manual ventilations. Ch.-9
20. When performing the head-tilt / chin-lift maneuver on an adult, tilt the head as far back as possible. Ch.-9
21. The recommended method for opening the airway of a patient with possible neck or spinal injury is the jaw-thrust maneuver. Ch.-9
22. Clinical death occurs when the patient's heartbeat and breathing have stopped. Ch.-9
23. A pocket face mask allows the rescuer to provide ventilations while minimizing direct contact with the patient's mouth and nose. Ch.-9
24. During rescue breathing you should check for the effectiveness of ventilations by looking for chest rise / and fall, listening for airflow and observing skin color. Ch.-9
25. Gurgling sounds during breathing is an indication for suctioning the upper airway. Ch.-9
26. Inserting an oropharyngeal airway improves ventilations delivered by way of a bag mask device. Ch.-9
27. The primary muscle of respiration is the diaphragm. Ch.-9
28. The epiglottis prevents food and other material from entering the trachea. Ch.-9
29. The alveoli are the tiny balloon-like structures deep within the lungs where gas exchange takes place. Ch.-9
30. Poor chest rise, pale or bluish skin color or use of accessory muscles are signs of difficulty of breathing. Ch.-9
31. When caring for an unresponsive patient, tilting his/her head back improves the airway by lifting his/her tongue from the back of his/her throat. Ch.-9
32. Foreign object is an example of mechanical airway obstruction. Ch.-9
33. Noisy breathing is a sign of partial airway obstruction. Ch.-9
34. The most common cause of cardiac arrest in the adult population is heart disease. Ch.-11
35. You have just delivered a shock with an automated external defibrillator you should begin chest compressions, immediately. Ch.-11

36. Over the lower half of the sternum is the most appropriate hand location for chest compressions on an adult. Ch.-11
37. An automated external defibrillator corrects an abnormal heart rhythm. Ch.-11
38. In a SAMPLE history, the E represents events leading to the illness or injury. Ch.-12
39. When assessing circulation for a responsive adult patient you should assess the radial pulse. Ch.-12
40. When assessing the pulse, you should assess rate, strength, and rhythm. Ch.-12
41. When assessing a patient's respirations you must determine rate, depth, and ease. Ch.-12
42. The five common vital signs are pulse, respirations, blood pressure, pupils, and skin signs. Ch.-12
43. Respiratory rate can be assessed by watching and feeling the chest and abdomen move during breathing. Ch.-12
44. The "R" in the OPQRST mnemonic refers to radiate. Ch.-12
45. Carotid and femoral are the two pulse points that are referred to as central pulses. Ch.-12
46. As blood pressure drops, perfusion is most likely to decrease. Ch.-12
47. Skin that is bluish in color is called cyanotic. Ch.-12
48. The term diaphoretic refers to skin moisture. Ch.-1
49. When going from a well-lit room to a dark one, you would expect the normal pupil to dilate. Ch.-12
50. A respiratory rate that is lower than 10 for an adult should be considered inadequate. Ch.-12
51. The pressure inside the arteries each time the heart contracts is referred to as the systolic pressure. Ch.-12
52. The term trending is best defined as the ability to record changes in a patient's condition over time. Ch.-12
53. Determining the number of patients, manually stabilizing the cervical spine, and donning glove and safety glasses are all components of an appropriate scene size up. Ch.-13

54. After arriving on scene but before making patient contact, you should take BSI precautions. Ch. -13
55. A patient has been involved in a rollover vehicle collision, in this scenario, the rollover is an example of the mechanism of injury. Ch.-13
56. Identify and treat life-threatening conditions best describes the purpose of the primary assessment. Ch.-13
57. The steps of primary assessment include forming a general impression, assessing mental status, assessing ABCs, and determining priority for transport. Ch.-13
58. A patient who presents with normal vital signs and shows no indications of life-threatening problems may be described as stable. Ch.-13
59. When assessing a trauma patient who has a significant mechanism of injury, the BP-DOC, assessment tool is designed to look for signs of traumatic injury. Ch.-13
60. The secondary assessment is designed to find and treat non-life-threatening injuries or conditions. Ch.-13
61. Blood that is returning to the heart from the lungs enters the heart at the left atrium. Ch.-14
62. The myocardium receives its blood supply from the coronary arteries. Ch.-14
63. Angina pectoris, myocardial infarction, and heart failure are all common causes of cardiac compromise. Ch.-14
64. Heart attack is a leading cause of sudden cardiac arrest describes the relationship between a heart attack and sudden cardiac arrest. Ch.-14
65. You have arrived on the scene of an unresponsive patient whom you find to be pulseless and apneic, you should begin chest compressions. Ch.-14
66. A lack of blood flow caused by narrowing of the coronary arteries that causes temporary chest pain describes the pathophysiology of angina pectoris. Ch.-14
67. The respiratory control center, located deep within the brain, primarily monitors the level of carbon monoxide dioxide to maintain proper respiratory rate and volume. Ch. 15
68. Your patient has been in respiratory distress for approximately 30 minutes, your assessment reveals pale skin and cyanosis of the lips, these are signs of hypoxia. Ch.-15

69. History of smoking, barrel-shaped chest, and chronic hypoxia are all signs and symptoms of emphysema. Ch.-15
70. Bronchitis is a medical condition that causes inflammation of the bronchioles, excess mucus production within the airways and chronic productive cough. Ch.-15
71. Asthma is characterized by a narrowing of the lower airway, often associated with exercise or allergies. Ch.-15
72. A patient with altered mental status is best defined as one who is not alert or responsive to surroundings. Ch.-16
73. A patient who is unresponsive and having generalized muscle contractions is likely experiencing a seizure. Ch.-16
74. Protect the patient from injury and place him or her in the recovery position following the seizure is an example of appropriate care for a seizure patient. Ch.-16
75. One of the best techniques for dealing with a patient experiencing a behavioral emergency is to speak in a calm and reassuring voice. Ch.-16
76. Abnormal speech, facial droop, and arm drift are evaluated as part of the Cincinnati Prehospital Stroke Scale. Ch.-16
77. You are caring for a patient who intentionally ingested a large number of Tylenol pills approximately 30 minutes ago, you should contact poison control. Ch.-16
78. You have responded to a call for a possible overdose, you should first ensure that the scene is safe. Ch.-16
79. The most commonly abused substance in the United States is alcohol. Ch.-16
80. Compared to hyperglycemia, hypoglycemia has an onset that is usually faster. Ch.-16
81. Stroke is a medical emergency that is caused by a disruption of blood flow to the brain. Ch.-16
82. Once a seizure has ended, the patient is said to be in the postictal state. Ch.-16
83. The process of sending a patient's blood through an artificial filter is referred to as Hemodialysis. Ch.-16
84. More serious heat-related injuries should be suspected when the patient presents with hot, dry skin. Ch.-17

85. A patient who is experiencing an abnormally low body core temperature is said to be hypothermic. Ch.-17
86. An injury characterized by the freezing or near freezing of a body part is known as frostbite. Ch.- 17
87. Removing the patient from the cold environment, protecting him or her from further heat loss, and monitoring his or her vital signs are all appropriate steps in the management of a patient with hypothermia. Ch.-17
88. A patient who presents with warm, moist skin; weakness; and nausea is likely experiencing heat exhaustion. Ch.-17
89. Your patient was working and was bitten on the ankle by a rattlesnake, when caring for this patient you should apply a pressure bandage around the entire extremity. Ch.- 17
90. Blood spurts from the wound, the color of the blood is bright red, and blood loss is often profuse in a short period of time are typical characteristics of arterial bleeding. Ch.-18
91. Most cases of external bleeding can be controlled by applying direct pressure. Ch.-18
92. The material placed directly over a wound to help control bleeding is called a dressing. Ch.-18
93. A wound where the top layers of skin have been scraped off, commonly seen in falls, can best be described as an abrasion. Ch.-18
94. You are caring for a patient with a severe soft tissue injury to the lower leg, you exposed the wound, and it is bleeding you should apply direct pressure. Ch.-18
95. A patient has a small wooden splinter impaled in their eye you should gently bandage both eyes. Ch.-18
96. Your patient has burned his hand, the skin is red and blistered and the burn is extremely painful, this burn would be classified as partial thickness. Ch.-18
97. Your patient shows signs of shock, and you suspect she is bleeding internally, you should facilitate immediate transport. Ch.-18
98. The appropriate care for an amputated body part is wrap it with clean gauze and place it on ice. Ch.-18
99. Your patient has been impaled through the right thigh by a long piece of metal bar, you should stabilize the object with bulky dressings. Ch.-18

100. You arrive on the scene to find a young girl with an active nosebleed, she is crying and the sight of blood is scaring her, you should have her lean forward while you pinch the nostrils. Ch.-18
101. You are caring for a burn victim who has partial-thickness burns covering his entire right arm and the front of his entire torso, the estimated BSA affected is 27%. Ch.-18
102. You are caring for a burn victim with both partial and full thickness burns over 40% of her body, you should ensure that the burning process has stopped. Ch.-18
103. Increased pulse rate, decreasing blood pressure and altered mental status are all signs of shock. Ch.-19
104. Hemorrhagic shock is the type of shock when the body sustains a significant loss of blood. Ch.-19
105. The four categories of shock include cardiogenic, hypovolemic, distributive, and obstructive. Ch.-19
106. Psychogenic shock is commonly known as fainting. Ch.-19
107. Immediate transport is the most important to the survival of a patient showing signs of shock. Ch.-19
108. When injury to the spinal cord causes systemic dilation of the blood vessels in the body, neurogenic shock develops. Ch.-19
109. The reason a patient's pulse rate increases as shock develops, is to maintain adequate perfusion. Ch.-19
110. Support, protection, and cell production are all functions of the musculoskeletal system. Ch.-20
111. An injury that is characterized by broken skin above the site of fracture is commonly described as an open fracture. Ch.-20
112. A dislocation occurs when a bone end is moved partially or completely away from a ~~point~~ joint. Ch.-20
113. When assessing a patient with a musculoskeletal injury, it is important to check circulation, sensation, and motor function. Ch.-20
114. Pain, swelling, deformity are all common signs and symptoms of an extremity injury. Ch.-20
115. The partial or complete tearing of the ligaments and tendons that support a joint is called a sprain. Ch.-20

116. You are caring for a patient who has an injury characterized by an open wound, severe deformity and bleeding, your highest priority should be controlling bleeding. Ch.-20
117. When the distal pulse is absent is a situation where it would be appropriate to place an angulated extremity back into the anatomical position. Ch.-20
118. A triangular bandage used to stabilize the elbow and arm is called a sling. Ch.-20
119. It is important to maintain the hand and foot of an injured extremity in a normal and comfortable position during splinting, this position is called the position of function. Ch.-20
120. You have just finished applying a splint to a patient's leg, you should recheck circulation, sensation, and motor function. Ch.-20
121. You are caring for a patient who has one leg that is shortened with the foot rotated to one side, these are likely signs of a possible dislocated hip. Ch.-20
122. You are caring for an angulated injury to the lower leg, and you find severe bleeding from the wound, you should use direct pressure to control the bleeding. Ch.-20
123. You are caring for a patient who you suspect has a spinal injury the first thing you should do is to manually stabilize the patient's head and neck. Ch.-21
124. Your patient is unresponsive, lying prone on the floor after falling off a high ladder, the appropriate care for this patient would include using the log-roll maneuver to roll the patient into the supine position. Ch.-21
125. Combative behavior, abnormal breathing patterns and repetitive questions are all signs of a head injury. Ch.-21
126. Your main priority when caring for a patient with a suspected head injury is to, assess and manage airway, breathing and circulation. Ch.-21
127. You are caring for a patient with a suspected open skull injury, when attempting to control the bleeding, you should use only enough pressure to slow or stop the bleeding. Ch.-21
128. Your patient has an open wound to her chest. The wound is bubbling and making "sucking" noises as she breathes you should cover the wound with an occlusive dressing. Ch.-22
129. The purpose of placing an occlusive dressing over an open chest wound is to keep air from entering the chest cavity. Ch.-22

130. You are caring for a patient with an open chest wound and have covered the wound with an occlusive dressing, the patient becomes increasingly short of breath, you should partially remove the dressing to allow air to escape. Ch.-22
131. Hypoxia from shallow respirations is a potential complication from a patient who appears to have injured a rib without a flailed segment, and the patient is alert and oriented. Ch.-22
132. The most appropriate care for an open abdominal injury is to cover the wound with a moist, sterile dressing. Ch.-22
133. A patient has been shot in the right upper quadrant of the abdomen; you should assume that the liver is the organ injured. Ch.-22
134. The organ that serves as a filter between the mother and the developing fetus is called the placenta. Ch.-23
135. The first stage of labor begins at the onset of contractions and end when the baby enters the vaginal canal. Ch.-23
136. A typical field obstetrics kit contains all of the following umbilical clamps, bulb syringe for suctioning, and plastic bag for biohazard disposal. Ch.-23
137. You are assisting a woman in active labor. As the baby's head begins to deliver you should apply gentle pressure and support the head during delivery. Ch.-23
138. Immediately following delivery, a newborn appears limp and cyanotic you should dry, warm, and stimulate the baby. Ch.-23
139. You have just assisted in the uncomplicated delivery of a healthy newborn, you notice moderate vaginal bleeding from the mother, you should place a sanitary pad at the vaginal opening. Ch.-23
140. While examining a mother for crowning, you notice that the umbilical cord is protruding from the vaginal opening, you should insert a gloved hand into the vaginal canal and lift the baby off the cord. Ch.-23
141. During a breech delivery, the baby appears to be stuck with only the buttocks and legs presenting, you should insert a gloved hand into the birth canal to create an air passage for the baby. Ch.-23
142. A multiple-casualty incident (MCI) may be best defined as an incident where the number of patients overwhelms available resources. Ch.-27

143. An incident management system is a tool for the command, control, and coordination of resources at the scene of a large-scale emergency involving multiple agencies. Ch.-27
144. The triage system was developed to assist in determining those victims who will likely benefit from immediate care. Ch.-27
145. In the START triage system, patients are categorized based on an assessment of respirations, perfusion, and mental status. Ch.-27
146. You are triaging an adult patient who presents as unresponsive and breathing at a rate of 24, the patient should be triaged as immediate. Ch.-27
147. Homes are where most out of hospital cardiac arrests occur.
148. Respiratory failure or shock is the most common cause of cardiac arrest in children.
149. Defibrillation is the third link in the adult out-of-hospital Chain of Survival.
150. The ratio of chest compressions to breaths when providing CPR to an adult is 30 compressions to 2 breaths.
151. A rate of 100 to 120 compressions per minute and a depth of at least 2 inches are the rate and depth for chest compressions on an adult.
152. When more rescuers arrive on scene you should assign tasks to other rescuers and rotate compressors every 2-minutes or more frequently if needed to avoid fatigue.
153. The preferred method for opening the airway when you suspect an unresponsive victim has head or neck trauma, is Jaw Thrust.
154. Proportion of time that rescuers perform chest compressions during CPR is called Chest Compression Fraction.
155. The appropriate first step to take as soon as the AED arrives at the victim's side is to power on the AED.
156. Placing the pads on the victim's bare chest is one of the universal steps for operating an AED.
157. Avoid placing the AED pad directly over an implanted pacemaker or defibrillator.
158. Stand clear of the victim while the AED is analyzing.

159. A successful resuscitation attempt depends on high-quality resuscitation skills, good communication, and effective team dynamic.
160. Team dynamics during a resuscitation attempt include three elements, roles and responsibilities, communication, and debriefing.
161. Whether you are a team member or the Team Leader, there may be times when you need to point out another team member's incorrect or inappropriate actions.
162. Anyone on the team should speak up to someone else from making a mistake regardless of role.
163. The Team Leader asks you to perform bag-mask ventilation during a resuscitation attempt, but you have not perfected that skill, you should tell the Team Leader you are not comfortable performing the task.
164. The appropriate action to demonstrate closed-loop communication when the Team leader assigns you a task is to repeat back to the Team Leader that task assigned to you.
165. Children aged one to puberty the correct compression to ventilation ratio for a single rescuer is 30-compressions to 2-breaths.
166. Children aged one to puberty the correct compression to ventilation ratio when two rescuers or more are available is 15-compressions to 2-breaths.
167. When the age of the victim is an infant younger than one year old the two thumb-encircling hands technique is recommended.
168. The correct chest compression depth for a child aged one year to puberty is at least one third the depth of the chest, or approximately 2 inches (5 cm).
169. The correct chest compression depth for an infant is at least one third the depth of the chest, or approximately 1.5 inches (4 cm)
170. Opioids are medications used primarily for pain relief, common examples are hydrocodone, morphine, and fentanyl.
171. Too much opioid in the body can overwhelm the brain and depress the natural drive to breathe, this respiratory depression can result in respiratory arrest and cardiac arrest.
172. Scene assessment is an important tool for identifying whether opioids may be involved in a life-threatening emergency.

173. Signs of opioid overdose include slow, shallow or no breathing, choking, or gurgling sounds, drowsiness or loss of consciousness, small, constricted pupils, blue skin, lips, or nails.
174. The drug Naloxone can temporarily reverse the effects of respiratory depression that opioids can cause.
175. The stroke acronym F.A.S.T. stands for face drooping, arm weakness, speech difficulty, time to phone 9-1-1.
176. If you suspect someone is having a stroke, quickly check for signs of stroke using the acronym F.A.S.T.
177. When you are attempting to rescue a person who has experienced drowning, you should open the airway and administer rescue breaths.
178. Life-threatening breathing or circulation problems are sign(s) that someone is experiencing anaphylaxis.
179. Use the epinephrine device when you notice someone showing all the signs of a severe allergic reaction.
180. When administering an epinephrine injection, it should be on the person's thigh, about halfway between the hip and the knee.
181. Early recognition of foreign-body airway obstruction is the key to successful outcome.
182. Foreign bodies may cause a range of signs from mild to severe airway obstruction.
183. Clutching the throat with the thumb and fingers, making the universal choking sign indicates the need for help when a victim is choking.
184. Use abdominal thrusts to relieve choking in a responsive adult or child only, not infants.
185. Give each individual thrust with the intervention of relieving the obstruction, it may be necessary to repeat the thrust several times to clear the airway.
186. If the victim is pregnant or obese perform chest thrusts instead of abdominal thrusts.
187. When a choking victim loses consciousness, the muscles in the throat may relax, this could convert a complete/severe airway obstruction to a partial obstruction.

188. Wheezing between coughs is an example of a mild foreign-body airway obstruction.
189. Verifying the scene is safe is the first step in adult 1-rescuer Basic Life Support sequence.
190. Pocket mask is a handheld device consisting of a face mask with a one-way valve, the rescuer places it over a victim's nose and mouth as a barrier device when giving rescue breaths during CPR.
191. Shock is a life-threatening condition that occurs when the circulatory system can't maintain adequate blood flow.
192. Chest recoil is described as when the chest re-expands and comes back up to its normal position after a chest compression.
193. Head-tilt-chin lift is a maneuver used to open a victim's airway before providing rescue breaths during CPR.
194. Jaw thrust is a maneuver used to open a victim's airway before providing rescue breaths during CPR; used when the victim may have a suspected spinal injury or when the head tilt-chin lift doesn't work.
195. Agonal gasps are an abnormal reflexive breathing pattern that may be present in the first minutes after sudden cardiac arrest.
196. Arrhythmia is an irregular rhythm or abnormal heartbeat; occurs when the electrical impulses that cause the heart to beat happen too quickly, too slowly and erratically.
197. The first step in determining if a victim is choking is to ask, "Are you choking". If the victim nods yes and cannot talk, severe airway obstruction is present.
198. Heart attack is when a blockage or spasm occurs in a blood vessel and severely restricts or cuts off the flow of blood and oxygen to the heart muscle.
199. Adults and adolescents is anyone with visible signs of puberty (chest or underarm hair in males; any breast development in females) and older.
200. Respiratory arrest is when a life-threatening emergency that occurs when normal breathing stops or when breathing is ineffective, if untreated, it will lead to cardiac arrest, or it can occur at the same time as cardiac arrest.