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. Proper body substance isolation (BSI) precautions should be taken for any ill or injured patient. Ch.-3
4. The lower airway includes the following: Bronchi, alveoli, and trachea. Ch.-4
5. The abdominal cavity contains the liver and part of the large intestine. Ch.-4
6. The kidneys are found in an area behind the abdominal wall. Ch.-4
7. Proper body mechanics are best defined as properly using your body to facilitate a lift or move. Ch.-6
8. When lifting a patient, your feet should be placed shoulder – width apart. Ch.-6
9. Before restraining a combative patient, the Emergency Medical Responder should obtain law enforcement assistance. Ch.-6
10. The recommended method for opening the airway of a patient with possible neck or spinal injury is the jaw-thrust maneuver. Ch.-9
11. A pocket face mask allows the rescuer to provide ventilations while minimizing direct contact with the patient's mouth and nose. Ch.-9
12. 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
13. Inserting an oropharyngeal airway improves ventilations delivered by way of a bag mask device. Ch.-9
14. Poor chest rise, pale or bluish skin color or use of accessory muscles are signs of difficulty of breathing. Ch.-9
15. 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
16. You have just delivered a shock with an automated external defibrillator you should begin chest compressions, immediately. Ch.-11

17. Over the lower half of the sternum is the most appropriate hand location for chest compressions on an adult. Ch.-11

18. When assessing circulation for a responsive adult patient you should assess the radial pulse. Ch.-12

19. The five common vital signs are pulse, respirations, blood pressure, pupils, and skin signs. Ch.-12

20. Respiratory rate can be assessed by watching and feeling the chest and abdomen move during breathing. Ch.-12

21. Carotid and femoral are the two pulse points that are referred to as central pulses. Ch.-12

22. Skin that is bluish in color is called cyanotic. Ch.-12

23. A respiratory rate that is lower than 10 for an adult should be considered inadequate. Ch.-12

24. The term trending is best defined as the ability to record changes in a patient's condition over time. Ch.-12

25. 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

26. The steps of primary assessment include forming a general impression, assessing metal status, assessing ABCs, and determining priority for transport. Ch.-13

27. A patient who presents with normal vital signs and shows no indications of life-threatening problems may be described as stable. Ch.-13

28. 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

29. The secondary assessment is designed to find and treat non-life-threatening injuries or conditions. Ch.-13

30. Angina pectoris, myocardial infarction, and heart failure are all common causes of cardiac compromise. Ch.-14

31. Heart attack is a leading cause of sudden cardiac arrest describes the relationship between a heart attack and sudden cardiac arrest. Ch.-14

32. 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

33. 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

34. Bronchitis is a medical condition that causes inflammation of the bronchioles, excess mucus production within the airways and chronic productive cough. Ch.-15

35. Asthma is characterized by a narrowing of the lower airway, often associated with exercise or allergies. Ch.-15

36. 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

37. You have responded to a call for a possible overdose, you should first ensure that the scene is safe. Ch.-16

38. Stroke is a medical emergency that is caused by a disruption of blood flow to the brain. Ch.-16

39. 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

40. 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

41. 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

42. 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

43. 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

44. The appropriate care for an amputated body part is wrap it with clean gauze and place it on ice. Ch.-18

45. Hemorrhagic shock is the type of shock when the body sustains a significant loss of blood. Ch.-19

46. Immediate transport is the most important to the survival of a patient showing signs of shock. Ch.-19

47. An injury that is characterized by broken skin above the site of fracture is commonly described as an open fracture. Ch.-20

48. When assessing a patient with a musculoskeletal injury, it is important to check circulation, sensation, and motor function. Ch.-20

49. The partial or complete tearing of the ligaments and tendons that support a joint is called a sprain. Ch.-20

50. 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

51. 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

52. 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

53. You have just finished applying a splint to a patient's leg, you should recheck circulation, sensation, and motor function. Ch.-20

54. 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

55. 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

56. 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

57. Your main priority when caring for a patient with a suspected head injury is to, assess and manage airway, breathing and circulation. Ch.-21

58. 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

59. 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

60. 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

61. 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

62. The most appropriate care for an open abdominal injury is to cover the wound with a moist, sterile dressing. Ch.-22

63. The first stage of labor begins at the onset of contractions and end when the baby enters the vaginal canal. Ch.-23

64. 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

65. 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

66. The triage system was developed to assist in determining those victims who will likely benefit from immediate care. Ch.-27

67. In the START triage system, patients are categorized based on an assessment of respirations, perfusion, and mental status. Ch.-27

68. 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

69. The ratio of chest compressions to breaths when proving CPR to an adult is 30 compressions to 2 breaths.

70. 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.

71. 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.

72. The preferred method for opening the airway when you suspect an unresponsive victim has head or neck trauma, is Jaw Thrust.

73. Proportion of time that rescuers preform chest compressions during CPR is called Chest Compression Fraction.

74. The appropriate first step to take as soon as the AED arrives at the victim's side is to power on the AED.

75. Placing the pads on the victim's bare chest is one of the universal step for operating an AED.

76. Avoid placing the AED pad directly over an implanted pacemaker or defibrillator.

77. Stand clear of the victim while the AED is analyzing.

78. A successful resuscitation attempt depends on high-quality resuscitation skills, good communication, and effective team dynamic.

79. Team dynamics during a resuscitation attempt include three elements, roles and responsibilities, communication, and debriefing.

80. 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.

81. 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.

82. Opioids are medications used primarily for pain relief, common examples are hydrocodone, morphine, and fentanyl.

83. 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.

84. Scene assessment is an important tool for identifying whether opioids may be involved in a life-threatening emergency.

85. 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.

86. Early recognition of foreign=body airway obstruction is the key to successful outcome.

87. Foreign bodies may cause a range of signs from mild to severe airway obstruction.

88. Clutching the throat with the thumb and fingers, making the universal choking sign indicates the need for help when a victim is choking.

89. Use abdominal thrusts to relieve choking in a responsive adult or child only, , not infants.

90. 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.

91. 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.

92. Shock is a life-threatening condition that occurs when the circulatory system can't maintain adequate blood flow.

93. Chest recoil is described as when the chest re-expands and comes back up to its normal position after a chest compression.

94. Head-tilt-chin lift is a maneuver used to open a victim's airway before providing rescue breaths during CPR.

95. 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.

96. 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.

97. 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.

98. Adults and adolescents is anyone with visible signs of puberty (chest or underarm hair in males; any breast development in females) and older.

99. 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.