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Practice Questions

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1. What physiological event does the P wave on an electrocardiogram (ECG) represent?

A. Ventricular depolarization
B. Atrial repolarization
C. Ventricular repolarization
D. Atrial depolarization

2. A patient suffering from a severe allergic reaction is being prepared for medical air transport from a remote location. The initial focus of the medical air transport team interventions should be on each of the following, except:

A. Monitoring for anaphylactic shock
B. Treatment of hypernatremia
C. Administration of epinephrine
D. Ensuring airway patency

3. You are providing medical ground transport for a patient weighing 84 kg experiencing severe bradycardia. The patient's ECG shows a third-degree AV block. All of the following immediate methods of treating this condition may be used as initial treatment, except:

A. Dopamine infusion 5 micrograms/kg/minute
B. Epinephrine infusion 5 micrograms/minute
C. Lidocaine infusion 1.0 mg/kg administered IO
D. Atropine 1.0 mg administered IV every 3 to 5 minutes

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4. You are providing initial medical air transport for a patient with acute focal neurological deficits consistent with a stroke. The patient's blood glucose has been checked and is within normal limits. All of the following should be part of the immediate initial management during transport, except:

A. Aspirin
B. Intravenous glucose
C. Oxygen
D. Blood pressure control medications

5. A medical team is preparing to transport a patient with a left ventricular assist device (LVAD) to a specialized cardiac center. All of the following are necessary considerations when transporting a patient with an LVAD, except:

A. A backup LVAD controller must be available
B. The patient's anticoagulation status must be closely monitored
C. Battery power for the LVAD should be maintained throughout the transport
D. A cardiac surgeon is required to accompany the patient during transport

6. A patient experiencing stable angina pectoris and exhibiting mild to moderate symptoms may be treated through which of the following treatment modalities?

A. Administration of sublingual nitroglycerin
B. Prescription of beta-blockers
C. Coronary angioplasty
D. Coronary artery bypass graft surgery

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7. While on a flight, you are called to attend to a patient who has ingested a substance in an apparent suicide attempt. The patient is exhibiting dilated pupils, dry skin, and an absence of bowel sounds. Which of the following substances is the patient most likely to have ingested?

A. Beta blockers
B. Anticholinergics
C. Opioids
D. Benzodiazepines

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8. You are transporting a patient with a known diagnosis of Brugada Syndrome. During transport, you notice an ST-segment elevation on the ECG and the patient experiences recurrent episodes of ventricular fibrillation. While you may need to defibrillate during these events, which treatment represents the definitive management strategy to reduce the patient's risk of sudden cardiac death?

A. Implantable cardioverter-defibrillator (ICD)
B. Amiodarone
C. Beta-blockers
D. Calcium channel blockers

9. As a medical transport crew member, you are preparing to transport a 6-month-old infant with severe respiratory distress. Which of the following statements regarding ventilatory support for the patient in this scenario is most accurate?

A. Use of an adult-sized mask will facilitate better ventilation due to larger surface area.
B. The infant's airway is similar to that of an adult, requiring no special considerations.
C. Use of a bag-valve-mask (BVM) with an appropriately-sized mask will facilitate optimal ventilation.
D. The infant's lungs are fully developed and can handle prolonged high-pressure ventilation.

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10. Which of the following neonatal respiratory conditions occurs most frequently?

A. Respiratory Distress Syndrome (RDS)
B. Meconium Aspiration Syndrome (MAS)
C. Bronchopulmonary Dysplasia (BPD)
D. Transient Tachypnea of the Newborn (TTN)

11. Which of the following is an increased physiologic risk factor for hypovolemic shock in infants, compared with adults?

A. Infants have a faster blood clotting time
B. Infants have a higher surface area-to-volume ratio
C. Infants have a lower metabolic rate
D. Infants have a lower proportion of body water

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12. Which of the following congenital heart defects is one of the most commonly encountered when providing care for a pediatric patient experiencing cyanosis?

A. Coarctation of the aorta
B. Tetralogy of Fallot
C. Atrial septal defect
D. Patent ductus arteriosus

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13. At what gestational age is a baby considered pre-term?

A. Between 24-28 weeks
B. Between 38-41 weeks
C. Before 37 weeks
D. After 42 weeks

14. A ground-based medical transport team has implemented policies regarding crew member and driver fatigue. Policies addressing fatigue for ground-based medical transport should:

A. Address the concern of driving while fatigued as severely as it does driving under the effects of alcohol
B. Require ground-based crew members and drivers to limit driving to 14 hours in a 24-hour period to minimize the effects of fatigue
C. Recommend at least 8 hours of rest/sleep between each 24-hour shift to prevent the development of fatigue
D. Allow crew members to decline transport missions for reasons of fatigue after they have completed at least 8 hours of driving in a 24-hour period

15. What is the recommended size of a safe landing zone for a helicopter in a residential area during an emergency?

A. 100 ft x 100 ft
B. 25 ft x 25 ft
C. 70 ft x 70 ft
D. 60 ft x 60 ft

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16. During inter-facility transport, a patient begins to experience severe ear pain as the ambulance descends into a valley. You identify the problem as a middle ear barotrauma. What should you as the CFRN/CTRN do to manage this patient?

A. Barotrauma is an emergent condition, and the patient needs immediate relief. Tell the driver to descend faster to reach the destination quickly.
B. Administer strong analgesics for pain relief
C. Stop the descent, administer decongestants, and descend gradually
D. Continue to descend, barotrauma is not an emergency

17. You are the CFRN/CTRN caring for a patient being transported in an unpressurized aircraft. You are briefing the patient about hypoxia. Which of the following should be included in the briefing?

A. You should try to rest and take slower, deep breaths to manage symptoms.
B. If you experience symptoms, drink water to stay hydrated.
C. Inform the crew immediately, and we will descend to a lower altitude.
D. You should breathe supplemental oxygen if you begin to experience shortness of breath or dizziness.

18. Which of the following protocols should be adhered to during a medical helicopter's approach and departure from a hospital helipad?

A. Using intercom communication extensively to coordinate patient handover
B. Ensuring all ground personnel wear sterile gloves and gowns
C. Requiring the pilot to perform a full medical assessment before departing
D. Minimizing all non-essential communication to ensure safety during critical phases of flight

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19. During the transport of a trauma patient with suspected spinal cord injury, the most important indicator of neurological deterioration is:

A. Level of consciousness
B. Blood pressure
C. Heart rate
D. Pupillary response

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20. A patient involved in a motor vehicle accident exhibits hypotension, distended neck veins, clear lung sounds, and pulsus paradoxus. What is the most appropriate intervention?

A. Provide positive pressure ventilation and prepare for intubation.
B. Establish IV access and administer a vasopressor.
C. Administer IV fluids and perform pericardiocentesis if hypotension persists.
D. Perform needle thoracostomy and insert a chest tube.

21. All of the following components are part of the Revised Trauma Score (RTS) used to assess trauma patients, except:

A. Glasgow Coma Scale (GCS)
B. Temperature
C. Systolic blood pressure
D. Respiratory rate

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22. Which of the following is the most accurate for determining the severity of a traumatic brain injury in a pediatric patient?

A. Pediatric Glasgow Coma Scale
B. Glasgow Coma Scale
C. AVPU Scale
D. Revised Trauma Score

23. A 22-year-old female was involved in a high-speed motor vehicle collision and sustained multiple injuries, including a penetrating wound to the chest with a metal rod. The air transport team is dispatched to transfer her due to the possible risk of cardiac tamponade. Upon arrival, the team observes the metal rod protruding from the chest wall in the vicinity of the right atrium. All of the following interventions should be included as routine care for this patient, except:

A. Stabilization of the metal rod with bandages
B. Judicious administration of intravenous fluids
C. Performance of a pericardiocentesis
D. Immobilization on a backboard

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24. What mnemonic device is most appropriate for a medical transport provider carrying out a primary assessment on a trauma patient involved in a high-speed motor vehicle collision?

A. MARCH
B. START
C. HEADS
D. ABCDE

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25. Which of the following monitoring equipment is the best option for a critical care transport team with only basic training in cardiovascular pathophysiology and basic ECG interpretation?

A. A monitor that offers advanced arrhythmia detection and analysis
B. A monitor with fully adjustable settings for hemodynamic measurements
C. A monitor that allows for setting and adjusting multiple lead types and waveform display options
D. A monitor with fixed parameters for heart rate and lead selection

26. During the training session for medical air transport, the team discusses the appropriate use of continuous positive airway pressure (CPAP). Which of the following patients would be best suited for CPAP during medical air transport?

A. A patient that is at risk for respiratory arrest
B. A patient with an unstable cardiac arrhythmia
C. A patient who has significant facial trauma
D. A patient experiencing acute cardiogenic pulmonary edema

27. While transporting a patient by medical air transport, you notice the patient displays signs of severe metabolic alkalosis. After discussing with the attending physician, it is determined that the alkalosis is likely due to excessive vomiting. Which of the following is the most appropriate treatment for severe metabolic alkalosis in this scenario?

A. Dialysis
B. Administration of naloxone
C. Administration of intravenous hydrochloric acid
D. Administration of intravenous bicarbonate

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28. You are using a waveform capnography device to confirm the correct placement of an endotracheal tube (ETT). All of the following statements regarding waveform capnography devices are true except:

A. Waveform capnography can help detect dislodgement of the ETT
B. A flatline waveform confirms correct tube placement
C. Waveform capnography can provide real-time feedback on ventilation
D. Waveform capnography measures expired $$CO_{2}$$ to confirm tube placement

29. Which of the following patients should not receive an oropharyngeal airway?

A. A 45-year-old male with multiple facial fractures from a car accident
B. A 60-year-old female found unconscious with no signs of trauma
C. A 16-year-old male in a comatose state following a drug overdose
D. A 34-year-old pregnant female with diminished consciousness due to severe preeclampsia

30. Which of the following is/are complications associated with administering Atropine too rapidly or in too high of a dosage?

A. Hypotension
B. Respiratory depression
C. Tachycardia
D. Bradycardia

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Answer Key & Explanations

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1. D — Atrial depolarization
Answer: Atrial depolarization The CFRN/CTRN should be able to identify the P wave on an ECG and understand what it represents. The P wave corresponds to the depolarization of the atria, which precedes atrial contraction. This is a crucial part of the cardiac cycle because it initiates the electrical impulse that spreads through the atria, resulting in atrial systole. Distinguishing between atrial and ventricular depolarization is important for interpreting ECGs correctly.

2. B — Treatment of hypernatremia
Answer: Treatment of hypernatremia Patients experiencing a severe allergic reaction, particularly anaphylaxis, require immediate and effective intervention. The primary focus should be on the administration of epinephrine to counteract the allergic response, ensuring the airway remains patent to prevent respiratory failure, and monitoring for signs of anaphylactic shock to provide further supportive care as necessary. Hypernatremia is not a typical concern in the initial stages of treating a severe allergic reaction.

3. C — Lidocaine infusion 1.0 mg/kg administered IO
Answer: Lidocaine infusion 1.0 mg/kg administered IO The ECG tracing for the patient in this scenario demonstrates a third-degree AV (atrioventricular) block, also referred to as a complete heart block. In complete heart block, there is no association between the P waves and any QRS complexes, as both the atrial and ventricular activity are being generated by distinct intrinsic pacemakers. The atria may be controlled by either sinus or ectopic pacemakers, while the ventricles are controlled by a pacemaker located distally to the AV block. Third-degree heart block is critical, and patients require immediate treatment. Ideally, symptomatic patients should be treated by use of transcutaneous or transvenous pacing if this is available. Medications which may be used as first-line treatment include: atropine, dosed at a rate of 0.5 mg to 1.0 mg and administered IV every 3 to 5 minutes (to a maximum dose of 3 mg); a dopamine infusion, dosed at a rate of 2 to 10 micrograms/kg/minute; or an epinephrine infusion, dosed at a rate of 2 to 10 micrograms/minute. Both dopamine and epinephrine infusions should be titrated until the patient demonstrates response to the medication.

4. B — Intravenous glucose
Answer: Intravenous glucose Immediate management of a patient with suspected stroke during transport includes ensuring adequate oxygenation (supplemental O2 if hypoxic), monitoring and managing blood pressure according to protocol and stroke severity, and early consideration of antiplatelet therapy per local protocols and after assessment for contraindications. Intravenous glucose should not be given routinely if blood glucose is normal; it is indicated only if hypoglycemia is present. Note: Some interventions (for example, antiplatelet therapy or blood pressure lowering) depend on local protocols and on excluding hemorrhagic stroke when applicable. The stem specifies blood glucose is normal to make the correct response unambiguous.

5. D — A cardiac surgeon is required to accompany the patient during transport
Answer: A cardiac surgeon is not required to accompany the patient during transport. When transporting a

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patient with a left ventricular assist device (LVAD), several critical needs must be addressed. These include ensuring the availability of a backup LVAD controller, closely monitoring the patient's anticoagulation status due to the risk of thromboembolism, and maintaining battery power for the device throughout the transport. While having a cardiac surgeon on standby might be beneficial, it is not a strict requirement for the transport team.

6. A — Administration of sublingual nitroglycerin
Answer: Administration of sublingual nitroglycerin Stable angina pectoris typically presents with chest pain or discomfort that occurs with exertion or emotional stress and is relieved by rest or nitroglycerin. Sublingual nitroglycerin is commonly used to quickly alleviate symptoms by dilating the coronary arteries and improving blood flow to the heart. For long-term management, patients may be prescribed beta-blockers or calcium channel blockers, which help reduce the frequency of angina episodes. In severe cases where there is significant coronary artery blockage, coronary angioplasty or coronary artery bypass graft surgery may be necessary.

7. B — Anticholinergics
Answer: Anticholinergics Anticholinergic toxicity is typically due to intentional ingestion and presents with symptoms like dilated pupils (mydriasis), dry skin, dry mucous membranes, urinary retention, and decreased bowel sounds. Other neurological effects include confusion, agitation, hallucinations, and in severe cases, seizures and coma. Unlike opioids, benzodiazepines, and beta blockers, which have different symptomatic presentations, anticholinergics specifically inhibit the parasympathetic nervous system leading to these characteristic symptoms.

8. A — Implantable cardioverter-defibrillator (ICD)
Answer: Implantable cardioverter-defibrillator (ICD) Brugada Syndrome is a genetic disorder characterized by abnormal ECG findings and a high risk for life-threatening arrhythmias such as ventricular fibrillation. In patients with recurrent episodes of ventricular fibrillation, the recommended definitive treatment is the implantation of an ICD, which continuously monitors the heart and delivers life-saving shocks as needed. Although medications like amiodarone and other antiarrhythmics or beta-blockers may be considered in certain contexts, they are not regarded as the primary long-term management strategy for this condition.

9. C — Use of a bag-valve-mask (BVM) with an appropriately-sized mask will facilitate optimal ventilation.
Answer: Use of a bag-valve-mask (BVM) with an appropriately-sized mask will facilitate optimal ventilation. Providing ventilatory support to an infant involves particular challenges due to the anatomical and physiological differences from adults. The infant's airway is smaller, more pliable, and more susceptible to obstruction. Using an appropriately-sized mask is crucial to ensure an effective seal, preventing air leaks and facilitating optimal ventilation. High-pressure ventilation should be avoided due to the risk of causing barotrauma to the underdeveloped lungs. Utilizing an adult-sized mask on an infant is inappropriate and can lead to ineffective ventilation or damage to the airway.

10. D — Transient Tachypnea of the Newborn (TTN)
Answer: Transient Tachypnea of the Newborn (TTN) Transient Tachypnea of the Newborn (TTN) is the most common cause of respiratory distress in term and late preterm infants. It typically occurs shortly after birth when fluid remains in the newborn's lungs, making it harder to breathe. TTN usually resolves within 72 hours of life. Unlike Respiratory Distress Syndrome (RDS), which is more common in premature babies due to surfactant deficiency, TTN affects those born at or near term. Meconium Aspiration Syndrome (MAS) and

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Bronchopulmonary Dysplasia (BPD) are less common but significant neonatal respiratory conditions.

11. B — Infants have a higher surface area-to-volume ratio
Answer: Infants have a higher surface area-to-volume ratio. Infants are at a higher risk for hypovolemic shock compared to adults due to their higher surface area-to-volume ratio, which increases their susceptibility to fluid loss through the skin and dehydration. Additionally, infants rely heavily on their intravascular volume for maintaining blood pressure. In contrast, infants have a higher metabolic rate, higher proportion of body water, and do not necessarily have a faster blood clotting time compared to adults.

12. B — Tetralogy of Fallot
Answer: Tetralogy of Fallot Tetralogy of Fallot is one of the most common congenital heart defects associated with cyanosis in pediatric patients. It consists of four anatomical abnormalities: ventricular septal defect (VSD), pulmonary stenosis, right ventricular hypertrophy, and an overriding aorta. This combination of defects can result in poor oxygenation of blood due to a mixing of oxygenated and deoxygenated blood within the heart and reduced blood flow to the lungs. Patients may present with cyanotic spells, fatigue, and difficulty breathing, particularly during feeding or physical activities.

13. C — Before 37 weeks
Answer: Before 37 weeks Babies are considered pre-term if they are born before 37 weeks of gestation. Full-term is between 38-41 weeks, and post-term is after 42 weeks.

14. A — Address the concern of driving while fatigued as severely as it does driving under the effects of alcohol
Answer: Address the concern of driving while fatigued as severely as it does driving under the effects of alcohol Studies have shown that fatigue can impair driving performance as significantly as alcohol. Policies for ground-based medical transport should enforce regulations around fatigue as stringently as those for alcohol use, which typically include restrictions such as not driving within 8 hours of alcohol consumption or with a blood alcohol content (BAC) ≥ 0.04%. Ensuring such policies are in place is vital to maintain the safety and effectiveness of medical transport operations.

15. A — 100 ft x 100 ft
Generally, 100 ft x 100 ft is recommended as a safe landing zone for a helicopter in a residential area during an emergency. This size ensures sufficient space for the helicopter to land safely. The other options are too small and do not provide adequate safety margins.

16. C — Stop the descent, administer decongestants, and descend gradually
Answer: Stop the descent, administer decongestants, and descend gradually Middle ear barotrauma, also known as otic barotrauma, is caused by the inability of the ear to equalize pressure with the surrounding environment. It can be very painful and may lead to hearing loss or eardrum rupture if not properly managed. Treatment involves stopping the descent to prevent further pressure build-up, administering decongestants to facilitate ear drainage and pressure equalization, and resuming descent gradually.

17. D — You should breathe supplemental oxygen if you begin to experience shortness of breath or dizziness.
Answer: You should breathe supplemental oxygen if you begin to experience shortness of breath or dizziness. Hypoxia is a condition caused by insufficient oxygen reaching the tissues and can occur at higher altitudes in unpressurized aircraft. The primary remedy for hypoxia is supplemental oxygen. Resting and breathing deeply can help, but supplemental oxygen is essential. Drinking water has no immediate effect on oxygen levels, and

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descending is not the first action to take.

18. D — Minimizing all non-essential communication to ensure safety during critical phases of flight
Answer: Minimizing all non-essential communication to ensure safety during critical phases of flight The Federal Aviation Administration (FAA) mandates that a "sterile cockpit" be maintained during critical phases of flight operations, including the approach and departure from a helipad. This involves limiting intercom communication to essential information to enhance situational awareness and avoid distractions, ensuring a safe environment for both crew and patients. Normal communication can resume once the helicopter has safely landed or is en route in stable flight.

19. A — Level of consciousness
Answer: Level of consciousness The most important indicator of neurological deterioration in a patient with a suspected spinal cord injury is often the level of consciousness. Monitoring changes in the Glasgow Coma Scale score can provide critical information regarding the patient's neurological status. Other factors like blood pressure, heart rate, and pupillary response may be important, but changes in the level of consciousness are the most reliable indicator of neurological deterioration.

20. C — Administer IV fluids and perform pericardiocentesis if hypotension persists.
The correct intervention is to administer IV fluids to address hypotension and perform pericardiocentesis if the hypotension does not resolve. The patient is likely experiencing cardiac tamponade, characterized by hypotension, distended neck veins, and clear lung sounds, along with pulsus paradoxus. Removing fluid from the pericardial sac is necessary to improve cardiac output. Needle thoracostomy and chest tube placement are treatments for tension pneumothorax, while positive pressure ventilation and intubation are used for airway management or respiratory failure. Administering a vasopressor without addressing the underlying cause of hypotension may worsen the condition.

21. B — Temperature
Answer: Temperature The Revised Trauma Score (RTS) is a physiological scoring system used to assess the severity of injuries in trauma patients. This score is based on three components: the Glasgow Coma Scale (GCS), systolic blood pressure (SBP), and respiratory rate (RR). Temperature is not included in the RTS. Higher RTS scores are associated with improved survival rates in trauma patients.

22. A — Pediatric Glasgow Coma Scale
Answer: Pediatric Glasgow Coma Scale. The Pediatric Glasgow Coma Scale (PGCS) is specifically designed to assess the level of consciousness in pediatric patients, taking into account developmental differences. The standard Glasgow Coma Scale (GCS) is less suitable for younger children. The AVPU scale is a simpler method that cannot capture the degree of severity as precisely as the PGCS. Lastly, the Revised Trauma Score is a more general assessment tool that is not as specialized for evaluating pediatric traumatic brain injuries.

23. C — Performance of a pericardiocentesis
Answer: Performance of a pericardiocentesis During the transport of patients with potential cardiac tamponade due to penetrating chest injuries, the transport team should focus on stabilizing the patient and preventing further injury. Routine procedures include immobilization on a backboard to prevent additional harm and maintaining stabilization of the penetrating object with bandages. Intravenous fluids should be started but given cautiously to avoid exacerbating any potential complications. Pericardiocentesis, although sometimes necessary in cases of cardiac tamponade, is a procedure that should only be performed by trained

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professionals in a controlled hospital environment unless it is a life-threatening emergency and no other options are available.

24. D — ABCDE
Answer: ABCDE. The medical transport provider must complete both a primary and secondary assessment during the care of a trauma patient. If the patient's condition deteriorates at any point after the primary assessment has been completed, this assessment should be done again to stabilize the patient. The primary assessment's goal is to evaluate the patient's condition and identify any life-threatening factors. The mnemonic ABCDE is useful for ensuring all primary assessment components are addressed: A: Assess for airway patency and stabilize the cervical spine. B: Assess breathing and ventilation. C: Assess circulation and manage any hemorrhage. D: Assess the patient for disability (neurologic injury). E: Expose (undress) the patient to evaluate for any obscured, but life-threatening injuries. The mnemonics MARCH, START, and HEADS are used for different purposes. MARCH stands for massive hemorrhage, airway, respiration, circulation, and head injury/hypothermia. START (Simple Triage and Rapid Treatment) is used for mass casualty triage, and HEADS is used to recall the steps in managing head injuries.

25. D — A monitor with fixed parameters for heart rate and lead selection
Answer: A monitor with fixed parameters for heart rate and lead selection Each critical care transport program should be equipped with monitoring equipment that is not only appropriate for the patients they serve but also commensurate with the training that the transport team has received. A transport team with only basic training in cardiovascular pathophysiology and basic ECG interpretation would be at risk of making errors if they were provided with sophisticated monitors that offer advanced arrhythmia detection, fully adjustable hemodynamic settings, or multiple lead types and waveform display options. A monitor with fixed parameters for heart rate and lead selection is the best option for a transport crew with limited cardiovascular and ECG interpretation training, as it minimizes the risk of errors.

26. D — A patient experiencing acute cardiogenic pulmonary edema
Answer: A patient experiencing acute cardiogenic pulmonary edema The use of CPAP during medical air transport can be highly beneficial for patients with acute respiratory issues, such as acute cardiogenic pulmonary edema. CPAP helps to keep the alveoli open and improves oxygenation, thereby reducing the work of breathing. Skilled crew members are essential to monitor and manage the safe delivery of CPAP, as well as ensure that the patient is receiving adequate support without any complications. CPAP should not be used for patients who are at risk for cardiac or respiratory arrest, those with unstable cardiac arrhythmias, those who are hemodynamically unstable, or those who have significant facial trauma or upper airway obstruction. Patients must also be able to protect their own airway to avoid the risk of aspiration.

27. C — Administration of intravenous hydrochloric acid
Answer: Administration of intravenous hydrochloric acid Severe metabolic alkalosis, often caused by prolonged vomiting, is best treated through the administration of intravenous hydrochloric acid. Administering bicarbonate is inappropriate as it can worsen alkalosis. Dialysis can be used for various poisoning cases but is not indicated here. Naloxone is used for opioid overdose, not metabolic alkalosis.

28. B — A flatline waveform confirms correct tube placement
Answer: A flatline waveform confirms correct tube placement Waveform capnography is a monitoring tool that provides continuous measurement of the concentration or partial pressure of $$CO_{2}$$ in the respiratory gases. It is displayed as a graph of expiratory $$CO_{2}$$ against time. A steady, recognizable waveform indicates correct ETT placement, while a flatline waveform suggests no $$CO_{2}$$ is detected, indicating

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potential issues such as esophageal intubation or dislodgement. The real-time feedback provided by waveform capnography helps improve patient outcomes by allowing rapid identification and correction of problems with the endotracheal tube.

29. A — A 45-year-old male with multiple facial fractures from a car accident
Answer: A 45-year-old male with multiple facial fractures from a car accident The oropharyngeal airway (OPA) is used to maintain a patent airway in unconscious patients or those with a compromised airway. It helps to prevent the tongue from obstructing the airway. However, OPAs should not be used in individuals with facial trauma or injuries, as inserting the device can further compromise the airway or exacerbate fractures. Caution should be exercised to avoid causing additional harm or complications in such patients. Oropharyngeal airways are contraindicated in patients who have reflexes intact, such as gag reflex, as it can provoke vomiting, laryngospasm, or other airway obstructions.

30. C — Tachycardia
Answer: Tachycardia The critical care transport provider should be aware that administering Atropine too quickly or in too high of a dose can lead to tachycardia. This can be problematic, especially in patients with preexisting cardiac conditions. Administering Atropine typically does not cause bradycardia, hypotension, or respiratory depression. It is commonly used to treat bradycardia and as an antidote for certain types of poisoning where increased heart rate is desired.

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