FP-C Flight Paramedic Prep

Free Practice Test — 30 Real Exam-Style Questions

with full answer key & explanations

Practice Questions

Try all 30 first, then check the answer key at the back.

1. You are responding to a remote location to assess an elderly patient who fell. She opens her eyes when you call her name, appears confused when speaking, and withdraws her hand when you apply pressure to her nail bed. What is this patient's GCS score?

A. 9 - E3, V3, M3
B. 12 - E4, V4, M4
C. 10 - E3, V2, M5
D. 11 - E3, V4, M4

2. Which of the following best describes the neuropathophysiology of a migraine headache?

A. Migraines are caused by increased intracranial pressure
B. The neuropathophysiology of migraine headaches is not fully understood
C. Migraines are caused by alterations in serotonin levels
D. Migraines are caused by vascular changes in the brain

3. Which type of intracerebral hemorrhage has the highest association with high morbidity and mortality following a traumatic brain injury?

A. Intracerebral hematoma
B. Acute intracerebral hemorrhage
C. Subacute intracerebral hemorrhage
D. Chronic intracerebral hemorrhage

4. During a critical care flight of a four-year-old male patient weighing 20 kg, you need to administer midazolam intravenously. The medication concentration is 5 mg/mL and the recommended dosage is 0.1 mg/kg. How much volume (in mL) of midazolam should you administer? Medication Concentration (mg/mL) Recommended Dosage (mg/kg) Midazolam 5 0.1 Child Weight (kg) 20

A. 1.0 mL
B. 0.2 mL
C. 0.4 mL
D. 2.0 mL

5. You are providing care for a 70-year-old patient with asthma weighing 70 kg who is being transported via fixed-wing aircraft to a tertiary care center. Arterial blood gas: pH 7.35, $PaCO_{2}$ 45 mm Hg, PaO_{2} 60 mm Hg, HCO3- 24 mEq/L. Current ventilator settings: SIMV, tidal volume (Vt) 550 mL, respiratory rate 14/min, PEEP 5 cm $H_{2}O$, FiO_{2} 0.50. Which ventilator adjustment would best address the patient's hypoxemia?

A. Increase FiO_{2} to 0.7
B. No changes required
C. Increase PEEP to 8 cm $H_{2}O$
D. Increase tidal volume to 700 mL

6. A patient on a ventilator receives a specific tidal volume that maintains open alveoli with each breath. However, some alveoli collapse due to a failure to sustain Positive End Expiratory Pressure (PEEP). This phenomenon is known as:

A. Physiological atelectasis
B. Pathological atelectasis
C. Cyclic atelectasis
D. Auto-PEEP

7. When using the Laryngeal Mask Airway (LMA) for airway management in a prehospital setting, which is the most critical step to ensure it is correctly positioned?

A. Check for the presence of the LMA inside the mouth
B. Ensure the LMA is lubricated
C. Rotate the LMA 90 degrees after insertion
D. Inflate the cuff and observe for chest rise and adequate ventilation

8. In which of the following situations should the rapid sequence induction (RSI) protocol not be used?

A. The patient is allergic to succinylcholine.
B. The patient presents with a full stomach.
C. The patient's level of consciousness is rapidly declining.
D. The patient has a GCS score of 8 and is not protecting their airway.

9. Which of the following medications is most appropriate for sedation in a trauma patient that requires both pain relief and amnesia?

A. Etomidate
B. Propofol
C. Ketamine
D. Fentanyl

10. Each of the following are considered standard components of care in patients experiencing anaphylactic shock, except:

A. Providing airway support
B. Administering antibiotics
C. Administering epinephrine
D. Administering intravenous fluids

11. What would be the first management priority for a patient with severe chest pain, HR 110, BP 85/55, SpO■ of 97% and suspected myocardial infarction (MI)?

A. Initiate oxygen therapy via nasal cannula.
B. Initiate immediate administration of aspirin.
C. Administer nitroglycerin
D. Start a dopamine infusion

12. Which of the following is the most appropriate treatment for a patient experiencing acute lithium toxicity?

A. Administration of intravenous fluids
B. Administration of bicarbonate
C. Administration of flumazenil
D. Activated charcoal

13. All of the following are primary actions to take when managing a patient with severe anaphylactic shock during a flight except:

A. Administering antiviral medication
B. Administering intramuscular epinephrine
C. Ensuring airway patency
D. Providing supplemental oxygen

14. Which medication can be used as an alternative to naloxone in cases of opioid overdose if naloxone is unavailable?

A. Activated charcoal
B. Sodium bicarbonate
C. Naltrexone
D. Flumazenil

15. A patient sustained multiple injuries from the sudden impact and debris during a high-velocity car crash. There are deep lacerations noted on the patient's face, arms, and legs due to broken glass. Which type of injury pattern is primarily responsible for these lacerations?

A. Primary
B. Tertiary
C. Quaternary
D. Secondary

16. A patient is being transported by helicopter and has sustained a burn injury requiring the application of dressings. Which of the following statements about the use of dressings during air medical transport is the most accurate?

A. Dressings should always be applied before loading the patient into the aircraft
B. Sterile water should be used to keep dressings constantly moist during the flight
C. All burn dressings should be removed during air medical transport to allow for adequate ventilation
D. Bulky dressings should be avoided as much as possible due to space limitations in the aircraft

17. Which of the following scenarios best exemplifies the principles of a Just Culture in a healthcare setting?

A. A healthcare manager suspends a technician without pay for failing to calibrate a piece of equipment but does not provide additional training or support.
B. After an investigation, a nurse is reprimanded without any follow-up action or system improvement for forgetting to document a patient's vital signs.
C. A hospital administrator implements a training program on dosage calculations after several nurses misdose a pediatric patient.
D. A department head initiates an inquiry to blame a nurse for a misplaced patient's medication chart.

18. In the context of the STAR Method for interviewing, what does the 'S' stand for?

A. Solution
B. Service
C. Situation
D. Strategy

19. Which of the following interventions is not appropriate as an initial step in the management of neonatal respiratory distress syndrome (RDS)?

A. Administer nitric oxide
B. Administer surfactant
C. Administer 100% oxygen via CPAP
D. Initiate mechanical ventilation

20. During transport of a neonate who has been experiencing persistent vomiting and is assessed with a rapid and weak central pulse, cool extremities, a respiration rate of 50 bpm, and poor responsiveness to stimuli, you note a capillary refill time of over four seconds. Initial BP is 75/45 mm Hg, and blood glucose level is recorded at 28 mg/dL. After administering 100% oxygen through a face mask and establishing IV access, what should be the next step in management?

A. Administer lactated ringer's solution 20 mL/kg over 1 hour
B. Administer a bolus of D50W 0.45% sodium chloride 20 mL/kg over 15 minutes
C. Administer a bolus of D-10 W 20 mL/kg over 5 minutes
D. Administer a bolus of normal saline 20 mL/kg over 15 minutes, and D25W 2 to 4 mL/kg IV

21. Which of the following is not an appropriate treatment for a pediatric patient experiencing Severe Asthma Exacerbation?

A. Albuterol
B. Ipratropium Bromide
C. Magnesium Sulfate
D. 20 ml/kg IV fluids

22. A 7-year-old boy fell off his bicycle while riding down a hill and landed on his back and head. He is crying and reports pain in his head, neck, and back. On arrival, the local EMS team has the patient secured with a cervical collar and an IV in place. What is the best approach for managing this patient's potential spinal injury?

A. Experts in pediatric trauma do not recommend spinal immobilization in pediatric patients
B. Padding should be placed under the patient from the shoulders to the pelvis
C. Padding should be placed under the patient's shoulders
D. Spinal immobilization is easily achieved in pediatric patients.

23. A five-year-old male presents with symptoms consistent with croup. Which of the following interventions is most appropriate during transport?

A. EMS should administer steroids and prepare to intubate the patient using Rapid Sequence Intubation (RSI) if his condition begins to deteriorate.
B. EMS should prepare to secure an airway using surgical cricothyroidotomy if his condition begins to deteriorate.
C. EMS should insert an intravenous catheter to administer fluids and medications.
D. EMS should administer nebulized epinephrine and keep the child calm and comfortable.

24. Which of the following is the appropriate way to test the Babinski reflex in infants?

A. Make a loud noise and see if the infant startles
B. Lift the infant by the armpits while supporting the head
C. Place a gloved finger into the infant's mouth
D. Stroke the sole of the foot and observe toe extension

25. Which gas law explains why a balloon expands as it ascends to higher altitudes during flight?

A. Boyle's Law
B. Henry's Law
C. Charles' Law
D. Fick's Law

26. Which environmental stress encountered during high-altitude flights can lead to increased intracranial pressure, nausea, and confusion?

A. Dehydration
B. Hyperventilation
C. Hypoxia
D. Turbulence

27. Identify the signs and symptoms of Acute Mountain Sickness (AMS).

A. Headache, nausea, dizziness, insomnia
B. Chest pain, arrhythmia, cyanosis
C. Severe muscle cramps, joint swelling, cold sweats
D. Vision loss, severe dehydration, skin rashes

28. Epinephrine (Adrenalin) is what type of drug?

A. Alpha 2 agonist
B. Beta 1 agonist
C. Alpha 1 agonist
D. Beta 2 antagonist

29. Which condition is a contraindication for the administration of thrombolytic therapy in patients with acute myocardial infarction?

A. Hypotension
B. Hypertension
C. Recent gastrointestinal bleeding
D. Acute inferior myocardial infarction

30. Which of the following safety measures is most essential for flight crew members when transitioning to aquatic transport situations?

A. Training for water survival techniques is optional for medical air transport crew.
B. All crew members should be trained in water survival techniques.
C. All crew members are required to wear life jackets at all times during transport.
D. Only the patient is required to wear a life jacket during aquatic transport.

Answer Key & Explanations

1. D — 11 - E3, V4, M4
Answer: 11 - E3, V4, M4 The Glasgow Coma Scale assesses eye, verbal, and motor responses to evaluate consciousness levels. The patient opens her eyes to verbal command (score: 3), provides confused responses (score: 4), and withdraws from pain (score: 4). Adding these scores gives the GCS: $3 + 4 + 4 = 11$.

2. B — The neuropathophysiology of migraine headaches is not fully understood
Answer: The neuropathophysiology of migraine headaches is not fully understood. Although many theories suggest that migraines might be caused by abnormal brain activity that affects nerve signals, chemicals, and blood vessels in the brain, the exact mechanisms remain unknown. Triggers may include environmental, genetic, and individual factors. Providers often attribute specific migraines to stress, hormonal changes, sensory stimuli, certain foods, and other factors. However, the complex biological processes leading to migraines are still being researched.

3. B — Acute intracerebral hemorrhage
Answer: Acute intracerebral hemorrhage Intracerebral hemorrhage, which involves bleeding within the brain tissues, is often classified as acute, subacute, and chronic based on the onset and progression of symptoms. Acute intracerebral hemorrhage symptoms typically present within 24 hours of a traumatic brain injury and are associated with the highest rates of death and disability. This high mortality rate is linked to the rapid and severe increase in intracranial pressure (ICP) that occurs with acute hemorrhage. The Glasgow Coma Scale (GCS) is commonly used to assess the severity of neurological injury in these cases. A GCS score of less than 8 is associated with a mortality rate ranging from 50% to 90%. Subacute intracerebral hemorrhage symptoms appear between 2 to 10 days post-injury, while chronic intracerebral hemorrhage symptoms develop more than two weeks after the initial trauma. Prompt recognition and management are crucial to reducing the adverse outcomes linked with acute intracerebral hemorrhage.

4. C — 0.4 mL
Calculate total dose: 20 kg × 0.1 mg/kg = 2 mg. Calculate volume: 2 mg ÷ 5 mg/mL = 0.4 mL. Therefore administer 0.4 mL IV.

5. A — Increase FiO_{2} to 0.7
The patient is hypoxemic (PaO_{2} 60 mm Hg) while on FiO_{2} 0.50. The most direct initial intervention to improve oxygenation is to increase FiO_{2}. Increasing PEEP could improve oxygenation if there is alveolar collapse but may risk worsening dynamic hyperinflation in obstructive disease and is not the first step here. Increasing tidal volume is unnecessary for hypoxemia and can increase the risk of barotrauma.

6. C — Cyclic atelectasis
Answer: Cyclic atelectasis Cyclic atelectasis is when a patient takes an inspiratory breath, causing the alveoli to open, but the alveoli are unable to maintain their open position with exhalation, immediately collapsing. This cycle repeats with each breath, potentially leading to both local and systemic inflammation within the lung. In ventilated patients, PEEP is used to prevent alveolar collapse during expiration and is most effective when

combined with a set tidal volume to maintain alveolar recruitment during exhalation. Auto-PEEP is a physiologic event often seen in mechanically ventilated patients, particularly those with acute severe asthma, chronic obstructive pulmonary disease, or those on inverse ratio ventilation. Physiological atelectasis is not an accurate term, as atelectasis is not a natural physiological process. Pathological atelectasis refers to any atelectasis caused by a disease process or bodily change.

7. D — Inflate the cuff and observe for chest rise and adequate ventilation
Answer: Inflate the cuff and observe for chest rise and adequate ventilation The Laryngeal Mask Airway (LMA) is an essential tool in prehospital airway management, particularly when intubation is not feasible. The correct positioning of the LMA is confirmed by inflating the cuff and ensuring there is chest rise and adequate ventilation. Checking for its presence inside the mouth, lubrication, and rotating the LMA are important steps but do not confirm proper positioning.

8. A — The patient is allergic to succinylcholine.
Answer: The patient is allergic to succinylcholine. RSI involves the use of paralytic agents like succinylcholine or rocuronium. If a patient has an allergy to succinylcholine, an alternative agent must be used, and the standard RSI protocol would not be appropriate. RSI is often indicated in patients with a full stomach to reduce the risk of aspiration, in patients with rapidly declining consciousness, or those with a GCS score of 8 or less who are unable to protect their own airway.

9. C — Ketamine
Answer: Ketamine Ketamine is a unique drug used for sedation, especially in trauma patients, because it provides both analgesia (pain relief) and amnesia. It works through dissociation of the thalamus and limbic system, making it highly effective during procedural sedation. Fentanyl provides strong analgesia and some sedation but does not induce amnesia. Etomidate and Propofol are primarily used for anesthesia but do not provide significant analgesia or amnesia.

10. B — Administering antibiotics
Answer: Administering antibiotics The standard components of care for patients experiencing anaphylactic shock include the administration of epinephrine to counteract the severe allergic reaction, the administration of intravenous fluids to support blood pressure, and providing airway support to prevent asphyxiation. Administering antibiotics is not a standard component of immediate care during anaphylactic shock as it is primarily used to treat infections, not allergic reactions.

11. B — Initiate immediate administration of aspirin.
Answer: Initiate immediate administration of aspirin. Administering aspirin is the initial step in managing a suspected myocardial infarction (MI) because it helps to inhibit platelet aggregation, thereby reducing the risk of further clot formation. Myocardial infarction, commonly known as a heart attack, occurs when the blood flow to a part of the heart is blocked for a long enough time that part of the heart muscle is damaged or dies. Patients typically present with severe chest pain, which may radiate, accompanied by symptoms such as nausea, sweating, and shortness of breath. Aspirin is a first-line treatment because it is easily administered and helps immediately. Nitroglycerin may be administered in acute coronary syndrome but is not the first priority. Dopamine is not appropriate initially as this patient's hypotension is not yet severe enough to warrant its use without first addressing the potential blockage in blood flow. Oxygen therapy may be initiated if SpO■ levels fall below 93%, but the patient's current oxygen saturation is adequate.

12. A — Administration of intravenous fluids
Answer: Administration of intravenous fluids The most appropriate treatment for a patient with acute lithium toxicity is the administration of intravenous fluids to enhance renal elimination of lithium. Bicarbonate is not indicated for lithium toxicity but is used for conditions such as salicylate poisoning with metabolic acidosis. Flumazenil is used for benzodiazepine toxicity. Activated charcoal is generally ineffective for lithium as it does not bind well to lithium ions.

13. A — Administering antiviral medication
Answer: Administering antiviral medication In the event of severe anaphylactic shock during a flight, the flight paramedic should prioritize administering intramuscular epinephrine, ensuring the patient's airway remains clear, and providing supplemental oxygen. These actions are critical to patient survival as they directly address the symptoms and underlying causes of anaphylaxis. Antiviral medications, however, are irrelevant in this context as they do not treat anaphylactic shock.

14. C — Naltrexone
Answer: Naltrexone Naloxone and naltrexone are both opioid antagonists that can be used to reverse opioid overdoses. Naloxone is commonly used in emergency situations due to its rapid onset of action and ability to be administered intranasally or intravenously. If naloxone is unavailable, naltrexone can be administered as an alternative, though it is typically used in a different context such as maintenance therapy for opioid dependence. Flumazenil is used to treat benzodiazepine overdoses. Activated charcoal is used to absorb certain ingested toxins, particularly within a short time of ingestion. Sodium bicarbonate is used to treat acidosis, often in overdoses involving tricyclic antidepressants.

15. D — Secondary
Answer: Secondary Traumatic injuries can be classified into different stages similar to blast injuries. Secondary injuries are caused by projectiles and debris such as broken glass during a car crash. These injuries include deep lacerations and penetration wounds. Primary injuries are typically caused by the direct impact and pressure shock waves from the collision itself, affecting gas-filled structures like the lungs. Tertiary injuries result from the sudden displacement or acceleration/deceleration of the body upon impact. Quaternary injuries are due to subsequent elements such as heat or chemical exposure from the crash.

16. D — Bulky dressings should be avoided as much as possible due to space limitations in the aircraft
Answer: Bulky dressings should be avoided as much as possible due to space limitations in the aircraft. During air medical transport, the confined and cramped spaces of helicopters or other aircraft pose challenges for the transport of patients with burns. Large or bulky dressings can complicate the process of loading, transporting, and unloading patients. Medical crews must ensure dressings are appropriately sized and applied without interfering with the limited space in the aircraft. Depending on the burn severity and location, different types of dressings and additional support means (such as blanket rolls, pillows, etc.) may be utilized to ensure patient safety and comfort.

17. C — A hospital administrator implements a training program on dosage calculations after several nurses misdose a pediatric patient.
Answer: A hospital administrator implements a training program on dosage calculations after several nurses misdose a pediatric patient. The correct answer involves providing training and support to healthcare workers who made dosage errors. Just Culture is defined as "a system of shared accountability in which all contributing factors to accidents or sentinel events are considered." This approach ensures that behaviors are

identified, and accountability is maintained without placing blame. The goal is to anticipate human error and plan accordingly without punishing healthcare providers for their mistakes. Just Culture involves recognition, support, training, and discipline as needed to address human error. Assigning blame does not align with Just Culture principles, nor does imposing undue discipline without altering and improving existing systems. While discipline can be part of Just Culture, it should be combined with efforts to enhance systemic processes, rather than punishment without accompanying improvements.

18. C — Situation
Answer: Situation The 'S' in the STAR Method stands for 'Situation.' The STAR Method is a structured manner of responding to a behavioral-based interview question by discussing the specific Situation, Task, Action, and Result of the situation you are describing. The method is broken down as follows: S: Situation. Describe the context within which you performed a task or faced a challenge at work. T: Task. Explain what your responsibility was in that situation. A: Action. Describe how you completed the task or faced the challenge. R: Result. Explain the outcomes or results of your actions.

19. A — Administer nitric oxide
Answer: Administer nitric oxide Neonatal respiratory distress syndrome (RDS) is commonly seen in preterm infants due to the lack of surfactant in the lungs, which leads to poor lung compliance and atelectasis. First-line treatments for RDS aim to improve lung function and oxygenation. The administration of surfactant is critical as it reduces surface tension in the alveoli, improving lung compliance and oxygenation. Delivery of 100% oxygen via CPAP (Continuous Positive Airway Pressure) helps in maintaining alveolar expansion and improving oxygenation. Mechanical ventilation may also be necessary if the neonate is unable to maintain adequate oxygenation with CPAP alone. Nitric oxide, while useful in treating Persistent Pulmonary Hypertension of the Newborn (PPHN), is not a standard initial treatment for RDS. It is not used unless there is a confirmed diagnosis of PPHN.

20. D — Administer a bolus of normal saline 20 mL/kg over 15 minutes, and D25W 2 to 4 mL/kg IV
The patient likely experiences hypovolemic shock due to severe dehydration, indicated by symptoms like weak pulse, cold extremities, and low BP. Immediate action should include fluid resuscitation with 20 mL/kg isotonic crystalloid solution, administered quickly. Hypoglycemia, evident from low glucose levels, requires dextrose administration; for infants, D25W 2 to 4 mL/kg is appropriate. Capillary refill time and other vital signs should constantly be rechecked.

21. D — 20 ml/kg IV fluids
Answer: 20 ml/kg IV fluids For a pediatric patient experiencing a severe asthma exacerbation, administering 20 ml/kg IV fluids is not appropriate. Severe asthma exacerbation needs prompt bronchodilation and anti-inflammatory treatment. Standard treatments include administration of nebulized albuterol, ipratropium bromide, and possible systemic corticosteroids. IV fluids should be provided judiciously, as excessive fluid administration can exacerbate the condition by increasing the burden on the lungs. Key drugs for managing severe asthma exacerbation include albuterol to reduce bronchoconstriction, ipratropium bromide which works synergistically with albuterol, and in some refractory cases, magnesium sulfate to aid in bronchodilation. Symptoms of a severe asthma exacerbation in pediatric patients can include severe wheezing, marked chest rise, use of accessory muscles to breathe, and difficulty speaking in full sentences. The goal is to relieve bronchospasm and improve lung function rapidly.

22. B — Padding should be placed under the patient from the shoulders to the pelvis
Answer: Padding should be placed under the patient from the shoulders to the pelvis In pediatric patients,

protecting the spine requires ensuring that immobilization equipment fits the child's smaller size. Padding should be applied from the shoulders to the pelvis to account for the child's larger occipital region while maintaining neutral spinal alignment. Padding only the shoulders is useful for ventilation to keep the airway open but can misalign the cervical spine. Though cervical spine injuries are rare in children, they can happen. As in adults, the risks of spinal immobilization can outweigh the benefits, but experts recommend immobilizing pediatric patients when a spinal injury is suspected or the injury mechanism suggests one. Some suggest spinal motion restriction is better, as full immobilization can be challenging in young patients.

23. D — EMS should administer nebulized epinephrine and keep the child calm and comfortable.
Answer: EMS should administer nebulized epinephrine and keep the child calm and comfortable. Croup is a common respiratory condition in young children caused by viral infections leading to inflammation of the larynx and trachea. It typically affects children between the ages of six months and six years. Children with croup present with a distinct barking cough, hoarseness, and stridor (a high-pitched wheezing sound caused by disrupted airflow). During transport, it is crucial to keep the child as calm and comfortable as possible. Administration of nebulized epinephrine can help reduce airway swelling, and keeping the patient calm reduces the risk of exacerbation of symptoms.

24. D — Stroke the sole of the foot and observe toe extension
Answer: Stroke the sole of the foot and observe toe extension Neurological assessments in infants include testing reflexes that they are born with. The Babinski reflex is observed when the sole of the foot is stroked, and the infant's toes extend outwards. This reflex helps assess neurological development and function in infants. Other reflexes to test include the Moro reflex, whereby the infant is startled by a loud noise, and the sucking reflex, where the infant will suck on a gloved finger placed in their mouth.

25. A — Boyle's Law
Answer: Boyle's Law Boyle's Law states: "The pressure and volume of a gas have an inverse relationship when temperature is constant." As a balloon ascends to higher altitudes, the atmospheric pressure decreases, causing the volume of the balloon to increase. This expansion can be observed in flight physiology as the pressure decreases with altitude. Henry's Law deals with the solubility of gases in liquids and is not relevant to the expansion of a balloon. Charles' Law relates to the volume of gas and its temperature, which also does not account for pressure changes that a balloon experiences during ascent. Fick's Law explains the diffusion of gases and does not pertain to the volume and pressure changes of a gas in a balloon.

26. C — Hypoxia
Answer: Hypoxia During high-altitude flights, a significant drop in ambient oxygen levels can lead to hypoxia. This condition can cause various symptoms including increased intracranial pressure, nausea, and confusion. Immediate intervention is necessary to prevent worsening of symptoms and potential loss of consciousness.

27. A — Headache, nausea, dizziness, insomnia
Answer: Headache, nausea, dizziness, insomnia Acute Mountain Sickness (AMS) typically presents with symptoms such as headache, nausea, dizziness, and insomnia. This condition occurs due to reduced air pressure and lower oxygen levels at high altitudes. Severe symptoms may progress to High Altitude Pulmonary Edema (HAPE) or High Altitude Cerebral Edema (HACE).

28. B — Beta 1 agonist
Answer: Beta 1 agonist Epinephrine is a beta 1 agonist and is often used to increase heart rate, myocardial contractility, and conduction velocity. It is commonly indicated in cardiac arrest, severe hypotension, and

anaphylaxis. Care should be taken with its use as it can increase myocardial oxygen demand and may precipitate arrhythmias in some patients. Epinephrine also has alpha and beta 2 agonist effects, contributing to its vasoconstrictive and bronchodilatory properties.

29. C — Recent gastrointestinal bleeding
Answer: Recent gastrointestinal bleeding It is vital for critical care providers to recognize the contraindications for thrombolytic therapy to avoid serious complications. Thrombolytic therapy can be significantly beneficial in managing acute myocardial infarction by dissolving the clot causing the blockage. However, there are contraindications that must be heeded. Recent gastrointestinal bleeding, recent surgery, or hemorrhagic stroke are absolute contraindications. Acute inferior myocardial infarction, hypotension, and hypertension are not contraindications but may require careful monitoring.

30. B — All crew members should be trained in water survival techniques.
Answer: All crew members should be trained in water survival techniques. In order to be prepared in case of an aquatic transport situation, all programs should have response plans in place for water-related emergencies. Both the patient and all crew members should be equipped with proper safety gear such as life jackets. However, training in water survival techniques is crucial to ensure all crew members can effectively respond to emergencies in such scenarios.

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