

**Paramedic  
Pre-  
Employment  
Study Guide**

# Pre-Hire Paramedic Exam 2019 Trinity EMS

**Please do not write on this booklet. Use a separate answer sheet. Passing score is 84%. Retakes are at the discretion of management.**

1. You are treating a patient complaining of trouble breathing and you suspect pulmonary edema. VS- 180/100, HR 120, RR 36 SpO2 89%. Your best course of action would be:
  - (A) Lasix 40mg IVP Standing Orders
  - (B) Begin CPR
  - (C) Administer NTG SL, CPAP 5cm PEEP
  - (D) Administer 6 LPM of oxygen via nasal cannula
  
2. Your patient tells you she is having trouble breathing and some chest pain. She is in her late sixties. Her pulse is tachypneic, tachycardic and hypertensive. She is sitting on the edge of her chair, and you notice she has positive JVD. You would suspect that this patient is suffering from:
  - (A) Asthma
  - (B) COPD
  - (C) CHF
  - (D) Pneumonia
  
3. Which of the following is NOT a potential contributing factor for PEA?
  - (A) Hypovolemia
  - (B) Hyperglycemia
  - (C) Hypothermia
  - (D) Hypoxia
  
4. Which of the following is a classic sign of central abruptio placentae?
  - (A) Sudden sharp, tearing pain
  - (B) Massive bright red hemorrhaging from the vagina
  - (C) No pain
  - (D) All of the above
  
5. You are assessing your patient. The patient states that he becomes dizzy whenever he stands up. You perform orthostatic vital signs. If the patient is dehydrated, you would expect to find:
  - (A) A drop in blood pressure, increase in pulse rate
  - (B) A decrease in pulse rate, increase in BP
  - (C) Both A and B
  - (D) Neither A nor B

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6. What part of the Krebs's cycle yields a high amount of energy, requires the presence of oxygen, and is the most efficient?
- (A) Aerobic metabolism
  - (B) Anaerobic metabolism
  - (C) Glycolysis
  - (D) Ischemia
7. A patient in decompensated shock presents with the following vital signs:
- (A) normal pulse rate
  - (B) Low BP
  - (C) Normal Skin color/temp/condition
  - (D) Fast breathing
8. In carbon monoxide poisoning, Carbon monoxide quickly binds with hemoglobin with an affinity 200-250 times greater than that of oxygen to form COHb.
- (A) False
  - (B) True
  - (C) I am not sure
  - (D) No
9. Please choose the best initial dose of Cardizem for a 190lb patient:
- (A) 29mg
  - (B) 21mg
  - (C) 27mg
  - (D) 15mg
10. You are treating a patient who was removed from a house fire. The patient does not appear to have any major burns, however you notice soot on the patient's face and body. You should be concerned about:
- (A) The patient's airway & cyanide exposure
  - (B) How to clean the soot from the patient
  - (C) The patient vomiting
  - (D) eschar
11. You are treating a patient who was struck by lightning at an MCI on a golf course. You have 3 unresponsive patients and help. . The patient is unresponsive and not breathing. You check the pulse and find none. Firefighters on-scene are providing compressions You apply the EKG monitor and find the patient to be in ventricular fibrillation. You should :
- (A) Perform 2 minutes of CPR and then check the rhythm
  - (B) Control the airway by intubating
  - (C) Defibrillate the patient
  - (D) Recognize that you can do nothing for this patient

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12. Please choose the correct dose of fentanyl for pain control for a 220lb sports injury in an adult patient: :

- (A) 90mcg
- (B) 100mcg
- (C) 50mcg
- (D) 72mcg

13. Cushing's reflex is a sign of brain injury. The characteristics of this syndrome are

- (A) Increasing blood pressure, slowing pulse, and erratic respirations
- (B) Decreasing blood pressure, increasing pulse, and slow respirations
- (C) Increasing blood pressure, slowing pulse, and slow respirations
- (D) Decreasing blood pressure, slowing pulse, and fast respirations

14. Your patient is complaining of right-side weakness. You notice that her face is drooping on the left side. She is having difficulty speaking and appears to be drooling. She is hypertensive and seems to be confused. You would suspect that this patient is having

- (A) Insulin shock
- (B) A cerebral vascular accident (CVA)
- (C) An epidural hematoma
- (D) Seizures

15. You are treating a 26-year-old female patient who is having her second seizure in less than 1 minute. She did not regain consciousness between the seizures. The most appropriate treatment for this patient is to administer

- (A) Flumazenil
- (B) Midazolam 2-6mg IV/IM/IO standing orders or 10 mg Slow IN
- (C) Dextrose 50%
- (D) Dilantin

16. Your patient is an 8 year old male who is complaining of shortness of breath. You notice he has urticaria over his entire body. He cannot talk very well, appears cool and clammy, and has low blood pressure. His mother states that he weighs "around 80 lbs." The most appropriate treatment for this patient would be administering high-flow oxygen and then epinephrine at which dosage?

- (A) 0.1 mg of 1:1,000 solution IVP
- (B) 0.1 mg of 1:10,000 solution IVP
- (C) 0.1 mg of 1:10,000 solution SQ
- (D) 0.3mg of 1:1,000 IM

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The following scenario applies to questions 17 and 18

*You respond to a local store that sells fertilizers. When you arrive on the scene, you find a 38-year-old male sitting outside. He is sweating and has tears running down his face. He appears to be incontinent and has defecated very loose stools. He complains of blurred vision. On examining the patient, you notice he has constricted pupils and is tachycardic.*

17. Based on his presentation, you would suspect that this patient is suffering from
  - (A) Shock
  - (B) Carbon monoxide poisoning
  - (C) Organophosphate poisoning
  - (D) Cyanide poisoning
  
18. Which of the following is the most appropriate sequence of treatment for this patient?
  - (A) Oxygen, decontamination, atropine 2-5 mg IVP
  - (B) Oxygen, atropine 1 mg IVP, decontamination
  - (C) Decontamination, oxygen, atropine 1 mg IVP
  - (D) Decontamination, oxygen, atropine 2-5 mg IV/IO
  
19. Which of the following classifications of drugs most likely causes psychosis, nausea, dilated pupils, rambling speech, headache, dizziness, and distortion of sensory perceptions?
  - (A) Benzodiazepines
  - (B) Narcotics
  - (C) Marijuana
  - (D) Hallucinogens
  
20. You are treating a female patient who presents to you with AMS. Her respirations are deep and rapid, and her pulse is fast. She is also hypotensive. Her skin feels very hot to the touch, and she appears to be dry. You would suspect
  - (A) Heat cramps
  - (B) Heat exhaustion
  - (C) Heat stroke
  - (D) hypothermia
  
21. Which of the following is **NOT** a true statement?
  - (A) Albuterol is a sympathomimetic drug
  - (B) Albuterol is a steroid
  - (C) Beta-blockers may antagonize albuterol
  - (D) Albuterol relaxes the smooth muscles of the bronchial tree

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22. A maximum dose of midazolam standing orders for an adult seizure IV/IO/IM:
- (A) 5 mg
  - (B) 10 mg
  - (C) 20 mg
  - (D) 6 mg
23. Which of the following is NOT an indication for Cardizem?
- (A) Atrial fibrillation
  - (B) Atrial flutter
  - (C) Ventricular fibrillation
  - (D) Paroxysmal supraventricular tachycardia (PSVT)
24. Furosemide is a potent diuretic that:
- (A) Acts as a bronchodilator
  - (B) Is a medical control option only for CHF treatment
  - (C) Goes by the brand name metoprolol
  - (D) Is absorbed into the lungs
25. You have placed an IO. The correct dose of lidocaine for an adult is:
- (A) 1mg /kg
  - (B) 40mg followed by a NS flush
  - (C) 100mg
  - (D) 2mg/kg
26. Difficult airway protocol. Standing orders Dose of versed is:
- (A) 0.5 mg
  - (B) 0.75 mg
  - (C) 15 mg
  - (D) 2mg IV/IO/IM/IN to a total of 6mg
27. You see an elevation of the ST segment in leads II, III, and aVF. Which one of the following would you suspect?
- (A) Septal wall infarct
  - (B) Anterior wall infarct
  - (C) Lateral wall infarct
  - (D) Inferior wall infarct
28. The P wave on an EKG strip represents
- (A) Atrial depolarization
  - (B) Repolarization of the right and left ventricles
  - (C) Depolarization of the right and left ventricles
  - (D) Atrial repolarization

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29. Your patient is complaining of chest pain. You attach the EKG monitor and see a tachycardic rhythm. You notice JVD, and his heart sounds are muffled. The patient's pulse pressure seems to be narrowing. You would suspect
- (A) Pulmonary edema
  - (B) Cardiac tamponade
  - (C) Pneumothorax
  - (D) Cardiac contusion
30. All the following are complications of a needle cricothyrotomy EXCEPT
- (A) Improved skin color/condition/temperature and oxygen saturations
  - (B) Esophageal perforation
  - (C) Posterior tracheal wall perforation
  - (D) Thyroid perforation
31. The normal tidal volume for an average-sized adult at rest is
- (A) 250 mL
  - (B) 500 mL
  - (C) 750 mL
  - (D) 1000 mL
32. Your patient has suffered a brain stem injury. The patient's intracranial pressure is increasing. Which breathing pattern would you expect to see with this injury?
- (A) Tachypnea
  - (B) Bradypnea
  - (C) Cheyne-Stokes breathing
  - (D) Apneusis
33. The pediatric dose of Epi is indicated for patients up to how many kg?
- (A) 30
  - (B) 25
  - (C) 55
  - (D) 66
34. You are examining your 28-year-old male patient. When you palpate that patient's chest, you notice subcutaneous emphysema. You would suspect this patient to have
- (A) Pink, frothy sputum
  - (B) Cardiac tamponade
  - (C) Pneumothorax
  - (D) Fractured ribs

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35. You are treating a patient who was involved in an altercation. When you expose the chest, you notice a wound that appears to be caused by a knife. The wound is open, and you hear a sucking sound. The most appropriate treatment for this patient would be
- (A) Applying an occlusive dressing
  - (B) Drive fast
  - (C) Performing a chest decompression
  - (D) Sticking your finger in the hole to check for depth of the wound
36. Which abnormal sounds would you expect to hear from a patient with difficulty breathing due to bronchospasm?
- (A) Expiratory crackles
  - (B) Stridor
  - (C) Inspiratory crackles
  - (D) Expiratory wheezes
37. Please administer the correct medication for a child with severe croup:
- (A) Racemic Epi 11.25mg nebulized
  - (B) Tetracaine nebulized
  - (C) Albuterol
  - (D) None of the above
38. Standing orders for eye irrigation: Morgan lenses and tetracaine can be administered by a paramedic.
- (A) False
  - (B) With medical control
  - (C) Only as a medical director option
  - (D) True
39. In a COPD patient, the Pco<sub>2</sub> is chronically elevated, forcing the body to rely on
- (A) Po<sub>2</sub> to regulate respirations
  - (B) Chronically elevated CO<sub>2</sub> to regulate respirations
  - (C) pH to regulate respirations
  - (D) None of the above
40. You are treating a 69-year-old male whom you suspect has chronic bronchitis. He states that he smokes two to three packs of cigarettes a day. He has shortness of breath, has been coughing a thick mucus, and is dehydrated. The best treatment for this patient would include:
- (A) Oxygen, IV, and corticosteroids
  - (B) Oxygen, IV fluids at TKO rate, and corticosteroids
  - (C) Oxygen, IV, bronchodilators and IV corticosteroids
  - (D) None of the above



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The following scenario applies to questions 41 and 42.

***Your patient appears to be very anxious. She is talking about 60 breaths a minute. She tells you she is having chest pain with tingling down both her arms and up into her face.***

41. You would suspect her tingling sensations are being caused by what condition?

- (A) Hyperventilation
- (B) Myocardial infarction
- (C) Chronic bronchitis
- (D) Pneumonia

42. You would treat this patient initially by:

- (A) Having her breathe into a paper bag
- (B) Providing high-flow oxygen through a nonrebreather mask
- (C) Coaching her breathing
- (D) Assisting with a bag valve mask

43. Adult rescue breathing rate one breath every:

- (A) 1-2 seconds
- (B) As fast as possible
- (C) 15 seconds
- (D) 6-8 seconds

44. In Massachusetts, Paramedics use Ketamine for:

- (A) Hypovolemia
- (B) Diabetics
- (C) Behavioral & Pain control
- (D) Minor Asthma exacerbation

45. When treating a behavioral emergency, the adult dose of ketamine is:

- (A) 1mg/kg IV
- (B) 4mg/kg IM max dose 400mg IM single dose
- (C) Chemical restraint is illegal
- (D) 5mg IV

46. You suspect a myocardial infarction. Inferior leads are "tombstones." You should:

- (A) Transport to the closest community hospital
- (B) Administer metoprolol IVP
- (C) Place defibrillation pads on patient
- (D) Administer high dose of nitro

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The following scenario applies to questions 47, 48, and 49

**Dispatched for a 68 year old male with SOB. On arrival you find a conscious and alert male seated in a chair, tripod position, speaking 1-2 word sentences. Pmhx- CABG, MI, HTN, DM. Medications: Lisinopril, Simvastatin, Nitroglycerine PRN, Aspirin, Plavix. NKDA. He states, " I 've been short of breath since yesterday, can't even walk to the bathroom. Feet are all swollen. Sleeping in a lazyboy recliner at night with pillows." Rales at the base on auscultation. BP 190/100, HR 110, RR 38, SPo2 88% room air.**

47. What is your impression?

- (A) COPD exacerbation
- (B) Anaphylaxis
- (C) Pulmonary Edema / CHF
- (D) Acute Asthma exacerbation

48. Choose the appropriate intervention (Pick one) :

- (A) Albuterol via Nebulizer
- (B) Epi 1:1000 auto injector
- (C) CPAP, Nitro
- (D) Atropine 1mg IVP

49. Rales are defined as:

- (A) Korticoff sounds in the blood pressure
- (B) Upper airway obstruction sound
- (C) bronchospasm
- (D) Wet lung sounds heard with a stethoscope

50. Your pediatric patient has a heart rate of less than 60 and is symptomatic. You are going to administer atropine. The correct dose for this patient is:

- (A) 0.01 mg/kg
- (B) 0.02 mg/kg
- (C) 0.03 mg/kg
- (D) 0.05 mg/kg

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