



GLOBAL EMERGENCY MEDICAL REGISTRY

2019 Advanced Practice Paramedic Educational Objectives Sample Questions

Following are a few sample questions, based on the APP Objectives that one can expect on an APP exam process.

1. You are attempting resuscitation of an infant or child with severe symptomatic bradycardia and no evidence of vagal etiology. The bradycardia persists despite establishment of an effective airway, oxygenation, and ventilation. Which of the following is the first drug you should administer?
 - a. Atropine
 - b. Dopamine
 - c. Adenosine
 - d. Epinephrine

2. You are participating in the elective intubation of a 4-year-old child with respiratory failure. You must select the appropriate size of uncuffed tracheal tube. Which of the following sizes is most appropriate for an average 4-year-old?
 - a. 3mm tube
 - b. 4mm tube
 - c. 5mm tube
 - d. 6mm tube

3. _____ health is a field of medicine that deals with the physical and mental health of all people in a community.
 - a. Public
 - b. Cultural
 - c. Community
 - d. Preventative

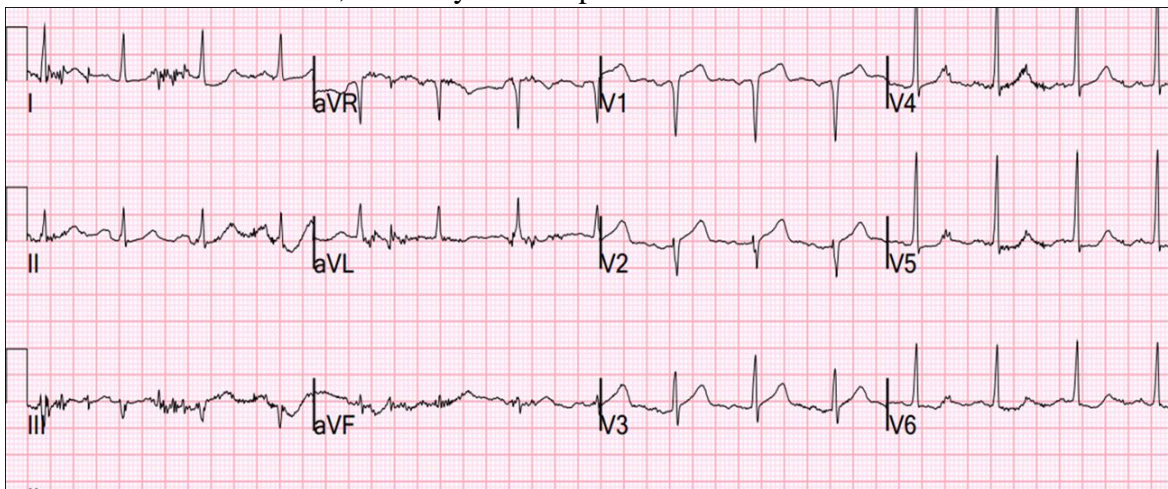
4. A patient care _____ is a document that is used to record the essential elements of patient assessment, care, and transport.
 - a. report
 - b. statement
 - c. document
 - d. information file



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5. Your patient opens her eyes, pulls her hand away when pinched, and speaks only in garbled/incomprehensible sounds. What is her Glasgow Coma Scale (GCS) score?
- 5
 - 7
 - 9
 - 10

6. In the 12 lead ECG below, what is your interpretation?

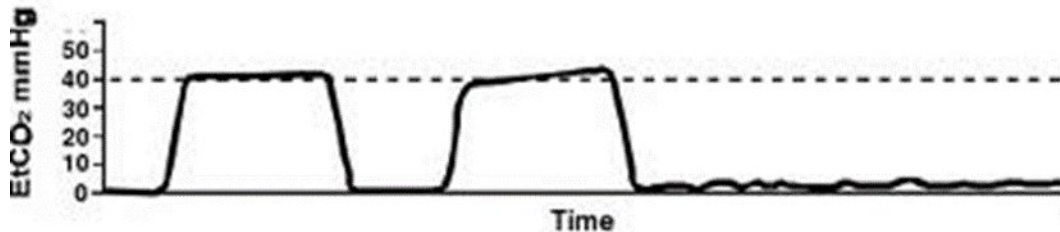


- STEMI Inferior
- STEMI Anterior
- STEMI Septal
- Aberrantly conducted ECG



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7. You are caring for a patient who has been intubated and ventilated for the past several minutes and the following waveform appears, you should take what action next?



- a. Check to make sure the monitor is working by troubleshooting the settings and values in the device
 - b. Check for tube displacement or obstruction, as well as equipment failure immediately, if within 15 seconds no solution occurs, pull the tube and begin BVM ventilation.
 - c. Pull the tube immediately and begin BVM ventilation of the patient.
 - d. Take two minutes and identify if further ventilation may “fix” the issue or not.
8. Your _____ is a severe crushing injury to the chest and abdomen that causes an increase in the intrathoracic pressure.
- a. Traumatic asphyxia
 - b. Pericardial tamponade
 - c. Tension pneumothorax
 - d. Traumatic aortic rupture
9. In the patient using their normal negative pressure ventilation physiology, the Hering-Breuer reflex is responsible for which of the following actions?
- a. Inhibits expiration to prevent excess carbon dioxide elimination
 - b. Terminates inhalation to prevent overexpansion of the lungs
 - c. Controlling voluntary breathing through the cerebral cortex
 - d. Influencing the rate of respirations per minute
10. In cardiac arrest, quantitative waveform capnography is used for which of the following:
- a. Confirm tube placement
 - b. Assess quality of CPR
 - c. Identify ROSC
 - d. All of the above



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11. Your patient is a 30 y/o female who was intubated and is now ventilated every 3 seconds with a volume of 700ml. Her minute ventilation is:
 - a. 7000 ml
 - b. 10,000 ml
 - c. 14,000 ml
 - d. 20,000 ml

12. Early anticipation of difficulties with advanced airway management should include an evaluation of which of the following:
 - a. Anatomic factors
 - b. Time constraints
 - c. Physiologic condition
 - d. All of the above



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Answers:

1. D
2. C
[Tracheal Tube Size (inner diameter in mm) = (Age in years/4) + 4]
3. A
(The field of medicine that deals with the physical and mental health of all people in a community is public health.)
4. A
(The document that is used to record the essential elements of patient assessment, care, and transport is the patient care report.)
5. D
6. C
(There is STE in V1 and V2, and ST depression in I, aVL, V5, and V6. Is it normal variant STE? Or is it anterior STEMI? ST depression in the lateral leads should not be seen in normal variant STE. Because of this ST depression, STEMI should be diagnosed until proven otherwise, and the STE equation should not be used; if it were used, with STE60V3 = 2, QTc = 412ms, RAV4 = 20mm, the value would be 20.18 {less than 23.4 would indicate normal variant}. The equation is falsely negative because most of the ischemia is in the septum, not the anterior wall, so that STE in V3 is not high and R-wave amplitude in V4 is not affected.)
7. B
(Sudden loss of EtCO₂ waveform from previous normal in an intubated patient indicates loss of the endotracheal tube from the trachea or cardiac arrest)
8. A
(Traumatic asphyxia is a severe crushing injury to the chest and abdomen that causes an increase in the intrathoracic pressure.)
9. B
10. D
11. C
(Answer: TVxRR=MV; in this case 700ml x 20 RR = 14,000ml MV)
12. D