1. All of the following are definitions of shock EXCEPT:
   a. A reduction in tissue perfusion resulting in cellular dysfunction
   b. Inability of the body to meet the metabolic needs of tissues
   c. A systolic blood pressure less than 100 mmHg
   d. Inadequate substrate for aerobic cellular respiration

2. A pregnant patient with seizure due to eclampsia should preferentially be treated with what medication in the field?
   a. Phenytoin (Dilantin)
   b. Magnesium sulfate
   c. Phenobarbital
   d. Levetiracetam (Keppra)

3. What is the indication for realigning a fractured extremity?
   a. Pain control
   b. To enable proper immobilization
   c. Pulseless, dusky extremity
   d. Realignment decreases the risk of compartment syndrome
   e. Realigning fractures is the standard of care

4. The response time standards of 4 minutes for first responder to arrive and 8 minutes for first ALS to arrive are based upon:
   a. Validated research about patient outcomes
   b. Cardiac arrest response time standards
   c. Collective experience of larger EMS systems
   d. Trauma survival statistics
   e. Dispatch data available through NEMSIS

5. Disaster planning involves:
   a. Anticipating specific conditions that trigger a response
   b. Use of contracts between responders
   c. Funding the response
   d. Ordering resources
   e. Identifying which protocols will be needed for the response

6. Small Airway Obstruction is associated with all of the following EXCEPT:
   a. Asthma
   b. Anaphylaxis
   c. Allergen exposure
   d. COPD

7. Essential elements of prehospital treatment of suspected stroke include all of the following EXCEPT:
   a. Using prehospital stroke scales (eg. Cincinnati, Los Angeles)
   b. Initiation of IV thrombolytics
   c. Destination selection, factoring stroke center designation/clinical capabilities
   d. Correction of hypoglycemia
8. All the following should be included in a “treat and release” protocol EXCEPT:
   a. The patient has returned to normal mental status within 10 min of dextrose administration.
   b. The patient can tolerate food by mouth.
   c. The patient has no other complicating factors or comorbid conditions.
   d. The patient used any form of injected insulin.

9. Choose the most correct statement:
   a. There are no special considerations when accessing a dialysis catheter.
   b. A dialysis catheter should only be used when no other access is available.
   c. A dialysis fistula can never be accessed.
   d. Tourniquets should not be used to control hemorrhage from a dialysis shunt.

10. All of the following would be appropriate findings in the non-transport of the behavioral emergency patient except:
    a. The BE patient lacks the capacity to refuse transport.
    b. Organic etiology has been ruled out by appropriate medical evaluation.
    c. There is no evidence of suicidal or aggressive behavior with a known past history of psychiatric disorder with similar behavior.
    d. Appropriate social, family or mental health support is available.

11. Which of the following statements regarding the Air Medical Evacuation for STEMI is FALSE?
    a. An option for a successful regional based STEMI system of care is ready access to air medical transport.
    b. Some air medical programs are working closely with referring hospitals and ground EMS systems to dispatch helicopters before the arrival of a STEMI patient at a referring hospital.
    c. Hospital and ED protocols should clearly identify criteria for expeditious transfer of patients to PCI capable centers.
    d. Door to departure time of < 60 minutes is recommended.

12. Which of the following numbers most closely approximates the volume of pediatric calls within an average EMS system
    a. 5%
    b. 20%
    c. 40%
    d. 75%

13. Which of these statements about Direct Medical Oversight is correct?
    a. Has no effect on the Medical Director’s medicolegal accountability.
    b. Allows the provision of direct oversight for patient care.
    c. Has little to no effect on provider scene performance.
    d. Interferes with EMS system management.

14. Which of the following does NOT define the typical role of the Medical Director of EMS?
    a. Makes decisions in hiring and firing of employees.
    b. Protocol development.
    c. Authorization for provider clinical practice.
    d. The development of a quality management program.
15. Which of these statements about EMS Medical Direction is true?
   a. EMS is the clinical practice of a medical subspecialty.
   b. Standards of training must be set in place and maintained.
   c. The Medical Director is the authorizing agent for EMS clinical practice for the EMS system.
   d. **All of the above.**

16 With respect to the treatment of minors in the prehospital setting, which of the following statements is true?
   a. Providers should wait for a parent or guardian to arrive on scene before transporting a seriously injured child to the hospital.
   b. EMTALA designates certain exceptions, allowing providers to treat patients < 18 years old without parental consent.
   c. **In many States, a minor is considered emancipated from their parents if the child is married or pregnant.**
   d. When parents and EMS providers disagree with respect to the need for care or transport of a child, the parent’s wishes should be respected.

17 Regarding the withholding or terminating resuscitation, which of the following statements is true?
   a. Prehospital care providers should always initiate resuscitation and allow the hospital staff to discuss termination of care.
   b. As long as the family states that DNR paperwork exists, prehospital care providers can withhold resuscitation without contacting online medical direction.
   c. DNR orders require prehospital providers to withhold all treatment.
   d. **Clear communications between parties and careful documentation are key points to success when dealing with difficult ethical situations.**

18 Which of the following statements is true about prehospital refusal of care?
   a. As long as a patient is alert and oriented, they can be considered competent to refuse care.
   b. **A prehospital provider could be accused of assault (battery) by forcing medical care on a patient refusing care.**
   c. As long as the appropriate refusal form is completed, an EMS provider is under no moral obligation to encourage transport of a potentially ill elderly patient.
   d. There is no roll for law enforcement when an unruly patient is unable to adequately make medical decisions.

19 Which of the following is true when considering system financing of EMS?
   a. Pricing of services equals the actual costs of providing the services billed.
   b. **Direct costs of providing services do not equal the total costs of providing services.**
   c. Better government support yields better EMS performance
   d. EMS agencies with better reputations get reimbursed at higher rates.

20 Which of the following administrations is typically responsible for the most EMS regulations affecting a single EMS system?
   b. **State Department of Health**
   c. National Registry of EMTs
   d. Department of Transportation