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CHAPTER 12 QUIZ

Write the letter of the best answer in the space provided.

1.	To check the level of responsivene drowsy, the EMT-B should:	ess in a 7	-month-old infant who appears
	A. perform a sternal rub.B. pinch the back of the neck.		tap the bottom of the feet. pat the baby on the head.
2.	Throughout the assessment of the should remember to do all of the fa. explain procedures as they are B. talk in a reassuring tone. C. never speak directly to the pating. D. consider the patient's feelings.	following carried o	<u>except</u> :
3.	 When assessing a conscious child, A. maintain eye contact with the p B. speak only to the parents. C. use medical terms to explain ca D. never let the child handle equip 	oatient. are.	-B should remember to:
4.	The only thing that should prevent ongoing assessment of a patient is: A. police orders. B. life-saving interventions.	C.	delayed transport. initial vital signs that are normal
5.	When assessing the circulation of a should remember to check: A. capillary refill. B. nuchal rigidity.	C.	child or infant, the EMT-B chest movement. Babinski's reflex.
6.	Ongoing assessment is a means of A. mechanism of injury. B. trending.	C.	ning: consent. liability.
7.	During the ongoing assessment, att never seen him before when check A. blood pressure. B. pulse.	king: C.	look at a patient as if you had pupils. interventions.
8.	The EMT-B's findings during the or important for the: A. dispatcher. B. insurance report.	C.	ssessment are particularly hospital staff. QI review.
9.	Just how often to conduct the ongo. A. location of the injury. B. initial assessment. C. patient's condition. D. number of interventions perform		essment is determined by the:
10.	The recommended interval for constable patients is: A. every 5 minutes. B. once during transport.	C.	the ongoing assessment for determined by medical control. every 15 minutes.

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IN THE FIELD

Read the following real-life situation. Then answer the questions that follow.

Another busy day at the ambulance service is in full swing. You and your crew have just returned to the station when the tone sounds again. You are dispatched to a home where a 65-year-old female patient was found to be unresponsive.

The site of the call is a quiet suburban street. A man greets you at the curb. He tells you that he had been working in the garden and just came in for lunch. He called his wife, and when he got no answer, looked for her and found her lying on the sofa. He states that his wife has been "feeling poorly" for the past week.

The patient is still lying on the sofa in the den when you enter the house. She does not respond to your voice, but pulls away from mild painful stimulation. You note snoring and gurgling respirations. The patient's husband informs you that his wife has a history of allergies and shortness of breath. You notice that the patient is breathing at a rate of 40 breaths per minute, with shallow respirations.

While you are assessing the airway, your partner is assessing the patient's blood pressure. He informs you that the blood pressure is within normal limits. The patient's heart rate is 104 beats per minute.

1. Is this patient breathing adequately?

2. What initial interventions will you perform?

3. How will you manage this patient?

4. How would you check interventions during the ongoing assessment?

CHAPTER 12 REVIEW

Write the word or words that best complete each sentence in the space provided.

1.	It is important to observe and reobserve your patient, not only to determine his condition when
	you first see him, but to note
2.	During the, you will repeat key
	elements of assessment procedures you have already performed.
3.	When reassessing oxygen delivery to a patient, you should check the
	, the, the tubing, and the mask.
4.	During the ongoing assessment,
	must be watched for continually and managed immediately
	when discovered.
5.	When assessing circulation in a young child, if you press on a nail bed and then release the
	pressure, the pink color should return in less than
	·
6.	During the ongoing assessment, you will reassess and record the vital signs, comparing the
	results with the
7.	It is especially important to each vital sign as soon as you
	obtain it.
8.	is present when a part of the
	chest moves in a direction opposite to the motion of the rest of the chest.
9.	Trending refers to
	in a patient's condition.
10.	The ongoing assessment should be performed every 5 minutes for a(n)
	patient.

ONGOING ASSESSMENT TRUE OR FALSE

Indicate if the following statements are true or false by writing T or F in the space provided.

 1.	You will perform the ongoing assessment on every patient after you have finished performing life-saving interventions and, often, after you have done the detailed physical exam.
 2.	Sometimes you may skip doing a detailed physical exam because you are too busy taking care of life-threatening problems.
 3.	The ongoing assessment must never be skipped except when life-saving interventions prevent doing it.
 4.	In small children who have very small nail beds, press on the top of the sternum to check capillary refill.
 5.	The recording of vital signs should be deferred to the end of the call so that you can focus better on the patient's needs.
 6.	The one element of the assessment that is usually skipped during the ongoing assessment is the focused assessment.
 7.	When assessing the oxygen delivery system connected to the patient, a good habit to develop is to check the entire path of the oxygen from the tank to the patient.
 8.	When an unbandaged wound is in a location where you cannot see it, you should gently palpate it with gloved hands and check your gloves for blood.
 9.	Both stable and unstable patients should be reassessed at 10-minute intervals.
 10.	Documenting changes in a patient's condition over time, such as slowing respirations or a rising pulse rate, that may show improvement or deterioration is known as trending.

ONGOING ASSESSMENT LISTING

Complete the following lists.

	List the five steps of patient assessment.				
2.	List the four steps of the ongoing assessment.				
3.	The EMT-B begins the ongoing assessment by repeating the initial assessment to recheck for life-threatening problems. List six important steps				
	in rechecking for life-threatening problems.				
4.					
4.	in rechecking for life-threatening problems.				
	in rechecking for life-threatening problems.				

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Chapter 12 Answer Key

HANDOUT 12-2 Chapter 12 Quiz

1. C	3. A	5. A	7. D	9. C
2. C	4. B	6. B	8. C	10. D

HANDOUT 12-3 In the Field

- 1. No. She has gurgling, snoring respirations, a rate much higher than normal, and is breathing shallowly.
- 2. Complete the initial assessment, assure that the airway is open and clear, and administer high-flow oxygen.
- 3. After taking the steps described above, you would complete the other components of patient assessment. If the patient is unable to manage her respirations at any point during the assessment, you would provide positive pressure ventilations. An airway adjunct such as a nasopharyngeal airway should be inserted. Frequent checks should be made of vital signs during the ongoing assessment.
- 4. You'd be especially sure to check adequacy of oxygen delivery and ventilations. Check the entire path of oxygen from tank to patient. Check regulator and flowmeter. Look for kinks in tubing. Check that tubing is connected to the mask and that the mask has a good fit.

HANDOUT 12-4 Chapter 12 Review

- 1. any changes
- 2. ongoing assessment
- 3. regulator, flowmeter
- **4.** life threats
- 5. two seconds
- **6.** baseline measurements
- 7. record
- 8. Paradoxical motion
- 9. changes over time
- 10. unstable

HANDOUT 12-5 Ongoing Assessment True or False

1. T	3. T	5. F	7. T	9. F
2. T	4. F	6. F	8. T	10. T

HANDOUT 12-6 Ongoing Assessment Listing

- 1. scene size-up; initial assessment; focused history and physical examination; detailed physical examination; ongoing assessment
- 2. repeat initial assessment; reassess and record vital signs; repeat focused assessment; check interventions
- 3. reassess mental status; maintain an open airway; monitor breathing for rate and quality; reassess pulse for rate and quality; monitor skin color and temperature; reestablish patient priorities
- 4. pulse; respirations; skin—color and temperature; pupils; blood pressure
- 5. assure adequacy of oxygen delivery; assure management of bleeding; assure adequacy of other interventions