

CHAPTER 8 QUIZ

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

- _____ 1. The portion of the assessment that is designed to identify and treat immediately life-threatening conditions is called the:
A. priority assessment. **C.** detailed assessment.
B. ongoing assessment. **D.** initial assessment.
- _____ 2. Actions taken to correct a patient's problems are known as:
A. ABCs. **C.** interventions.
B. AVPU. **D.** initial assessment.
- _____ 3. When an EMT-B feels that a patient just "doesn't look right," this is called:
A. prehospital perspective. **C.** clinical judgement.
B. diagnostic insight. **D.** critical facilitation.
- _____ 4. All of the following are examples of interventions except:
A. clearing an airway.
B. ventilating a nonbreathing patient.
C. checking a carotid pulse.
D. taking manual spinal immobilization.
- _____ 5. In any patient with suspected spinal injury, an EMT-B should apply manual stabilization:
A. after the initial assessment.
B. on first contact with the patient.
C. after the SAMPLE history.
D. en route to the hospital.
- _____ 6. Using the AVPU scale, a patient who will respond only to a brisk rubbing of the sternum would receive a rating of:
A. alert. **C.** painful.
B. verbal. **D.** unresponsive.
- _____ 7. If a patient is not alert and is breathing less than 8 breaths a minute, the EMT-B should:
A. begin mouth-to-mouth ventilations.
B. give high-concentration oxygen via a nonrebreather mask.
C. ventilate with a positive pressure device and 100% oxygen.
D. give high-concentration oxygen via nasal cannula.
- _____ 8. In light-skinned people, poor circulation is indicated if the skin at the wrist is pale and:
A. warm. **C.** pink.
B. clammy. **D.** dry.
- _____ 9. The assessment sign that is generally more reliable in children than adults is:
A. capillary refill. **C.** pulse rate.
B. blood pressure. **D.** respiratory rate.
- _____ 10. The mental status of unresponsive infants is typically checked by flicking the feet and:
A. talking to the infant.
B. rubbing the sternum briskly.
C. shaking the infant.
D. picking up the infant.

IN THE FIELD

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

One afternoon, you and your partner are dispatched to “an elderly woman who is having trouble breathing.” Upon arrival at the scene, the woman’s husband meets you at the door. He says, “I’m worried about my wife. She’s been feeling ill lately—tired, coughing, fever, you know, flu-like symptoms.”

The husband leads you into the bedroom. Here you see a woman in her 60s supine on the bed with her head propped up on three pillows. From where you stand in the doorway, she appears pale and sweaty. Many boxes of tissues surround the bed. On seeing you, the patient gasps, “I can’t breathe.”

You now begin your initial assessment. The patient is awake, but she speaks in short, choppy sentences. She answers your questions, but is confused about her surroundings and the time of day. As you start taking vital signs, she becomes resistive, and you try to calm her fears. You note that her breathing is rapid and shallow. She has a rapid, weak radial pulse. Her skin is cool and clammy.

1. Based on the first two paragraphs, what is your general impression of the woman’s condition?
2. Based on your initial assessment, what treatments are needed? (List the steps in order.)
3. Should the patient be rated as “priority”? Why or why not?

CHAPTER 8 REVIEW

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

1. The purpose of the initial assessment is to identify and treat immediately _____ conditions and to set _____ for further assessment.
2. Actions to stop threats to life, such as gross bleeding, are called _____.
3. The _____ is the reason EMS was called, and should usually be recorded in the patient's own words.
4. The "sixth sense" that an EMT-B develops about a patient's condition is known as _____.
5. The _____, or physical setting, can provide many clues in forming a general impression of the patient.
6. An EMT-B should apply _____ on first contact with any patient who he or she suspects may have an injury to the spine.
7. Before beginning any initial assessment, an EMT-B should take _____ precautions.
8. For infants and children, circulation can be evaluated by testing _____.
9. The level of responsiveness in a patient is called _____.
10. _____ on the AVPU scale applies to a patient who is not awake but responds to shouting.
11. The rating on the AVPU scale that indicates the most serious mental status is _____.
12. An awake patient's mental status can be assessed by determining his or her orientation to _____, _____, and _____.
13. If a patient is not alert and his or her breathing rate is slower than 8 breaths per minute, provide _____.
14. If a patient is alert and his or her breathing rate is more than 24 breaths per minute, provide 100% oxygen by _____.
15. In child and infant trauma patients, the head should be immobilized in a _____ position.

FORMING REASONED JUDGMENTS ABOUT ASSESSMENT

Evaluate your ability to make a reasoned judgment in assessing and prioritizing patient care by completing each of the following matching exercises.

I. Write the letter of the probable injury next to the environmental clue likely to be associated with it.

Environmental Clue

- _____ 1. overturned ladder
- _____ 2. bloody knife
- _____ 3. rainy day, temperature of 42°F
- _____ 4. frying pan overturned on floor
- _____ 5. deformed steering wheel

Probable Injury

- A. burn injury
- B. hip injury
- C. laceration
- D. exposure
- E. neck and spine injuries

II. Write the letter of the probable patient condition next to the patient position likely to be associated with it. (Conditions can be used more than once.)

Patient Position

- _____ 6. tripod, arms on knees
- _____ 7. supine, eyes closed
- _____ 8. fetal position, crying
- _____ 9. clutching abdomen
- _____ 10. fist to chest

Probable Condition

- F. trouble breathing
- G. pain
- H. unconscious

III. Write the letter of the correct priority rating next to the patient condition. (Priority ratings can be used more than once.)

Patient Condition

- _____ 11. unresponsive
- _____ 12. severe pain
- _____ 13. broken arm
- _____ 14. difficulty breathing
- _____ 15. cut, bleeding controlled

Priority Rating

- I. high priority
- J. low priority

INITIAL ASSESSMENT LISTING

Complete the following lists.

1. List the six steps of initial assessment.

2. List the four levels of responsiveness on the AVPU Scale.

3. List the nine high-priority concerns.

4. List the three sets of characteristics that determine the form of assessment followed by an EMT-B.

Chapter 8 Answer Key

HANDOUT 8-2 Chapter 8 Quiz

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

HANDOUT 8-3 In the Field

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1. The husband's history, the patient's chief complaint, and physical surroundings would lead an EMT-B to conclude that the patient has a respiratory problem. Difficulty breathing is a high-priority problem and necessitates a good assessment.
 2. The patient's airway is open. Therefore, one of the first interventions is administration of high-concentration oxygen applied by a nonrebreather mask. Vital signs indicate a high potential for shock, so medical control should be alerted that the patient is ready for immediate transport.
 3. The patient is a high priority. The patient has difficulty breathing. Although she is responsive, the patient is not following commands. Her inability to identify place and time indicates the potential for shock.

HANDOUT 8-4 Chapter 8 Review

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|---------------------------------|------------------------------------|
| 1. life-threatening, priorities | 9. mental status |
| 2. interventions | 10. verbal (V) |
| 3. chief complaint | 11. unresponsive (U) |
| 4. clinical judgment | 12. person, place, time |
| 5. environment | 13. positive pressure ventilations |
| 6. manual stabilization | 14. nonrebreather mask |
| 7. body substance isolation | 15. neutral |
| 8. capillary refill | |

HANDOUT 8-5 Forming Reasoned Judgments About Assessment

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- | | | |
|------|-------|-------|
| 1. B | 6. F | 11. I |
| 2. C | 7. H | 12. I |
| 3. D | 8. G | 13. J |
| 4. A | 9. G | 14. I |
| 5. E | 10. G | 15. J |

HANDOUT 8-6 Initial Assessment Listing

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1. form a general impression; assess mental status; assess airway; assess breathing; assess circulation; determine priority
 2. Alert: awake and oriented; Verbal: responds to verbal stimulus; Painful: responds to painful stimuli; Unresponsive: does not respond to any stimulus
 3. poor general impression; unresponsive; responsive, but not following commands; difficulty breathing; shock; complicated childbirth; chest pain with systolic blood pressure less than 100; uncontrolled bleeding; severe pain anywhere
 4. whether the patient has a *medical* problem or *trauma* (injury); whether the patient is *responsive* or *unresponsive*; whether the patient is an *adult* or a *child*, or an *infant*

