Name:_	Oasis:	Questions
Mark:	_ / 39 (28 minimum required for pass)	

Professional Development: Medical Devices Fall / Winter 2010

1) If a patient with an LVAD is found unresponsive with no palpable pulse important to; a) start CPR without delay b) assess other signs of perfusion c) turn the LVAD off before starting CPR d) ensure the power supply is disconnected before shocking the patient	
Where on the torso would one typically auscultate for the sound of an a) right upper abdominal quadrant b) left upper abdominal quadrant c) right lower abdominal quadrant d) left lower abdominal quadrant	LVAD?
3) You are transporting a patient with an LVAD to the hospital for a relative medical complaint. What is the one important consideration in regards LVAD?	_
	(1)
4) Which two vital signs may be unreliable in the patient with an LVAD? and	(2)
und	(2)
5) What are two serious complications that can arise from the pre-hospit a CVAD?	al access of
and	(2)
6) What equipment should be prepared before starting to access a CVAD	?
	(4)

7)	
What is the purpose of a fenestrated tracheos a) to allow for suctioning through the device	•
b) to allow the patient to speak and swallov	more normally
c) to enhance air flow through the deviced) to allow for MDI delivery of medication	
d) to allow for MDI delivery of medication	
8) Why is mucous production increased in a pe	roon with a trachoactomy device?
wity is inucous production increased in a pe	son with a tracheostomy device?
	(1)
9)	
The suction pressure to be used when suction is;	ning through a tracheostomy device
a) 60-80 mmHg	
b) 80-100 mmHg	
c) 100 mmHg	
d) 120 mmHg	
10)	
You are attempting to suction a tracheostomy the device. How should you proceed?	when you meet resistance within
	(1)
11)	
You have removed the inner cannula from the unable to clear out the obstruction within it a spontaneously. How should you proceed?	-
	(1)
10)	
12) The three main processes the kidneys provid	e in relation to urine production are:
a) filtration, re-absorption, and secretion	common to a o production die,
b) filtration, regurgitation, excretion	
c) excretion, formation, dissolution	
d) sorting, absorption, excretion	

13) At what percentage of renal function is a patient considered to have 'end-st renal disease'?	age
	(1)
14) What are the two main types of dialysis?	
and	(2)
15) What type of vascular access is pictured below?	
to to the second	(1)
16) What is dialysate?	(1)
17) What is the most likely reason that a patient on home dialysis will become unresponsive? a) volume issues b) cardiac issues c) seizures d) sudden cardiac arrest	(1)

18)

You are caring for a patient who was found unresponsive at home, still connected to a HEMOdialysis machine. There is no one on scene that has any knowledge of the machine or its operation. What is the best way to proceed?

- a) carefully remove needles from the access area and prepare to apply direct pressure
- b) wait until the dialysis is done and the machine stops
- c) disconnect lines from their attachment on the dialysis machine
- d) clamp the lines and cut them as outlined in the emergency instructions

19) What are six usual causes of hypotehemodialysis?	ension in a patient who is undergoing	
	-	(6)
20) The three phases of peritoneal dialy a) fill, cycle and empty b) inject, circulate and withdraw c) flush, irrigate and flow d) drain, fill and dwell	- sis are;	
21)	o disconnect a patient from peritoneal	dialysis
		(3)

22) What special consideration needs to be taken when assessing a peritoneal dialysis patient's blood sugar?
(1)
23)
You are treating a diabetic patient who is unresponsive with a very low blood sugar. You notice the patient has an insulin pump attached to his belt. You should;
a) clamp the line that runs from the pump to the patient
b) no action is required in regards to the pumpc) find the ON/OFF button and turn the pump off
d) disconnect the line from the pump, then turn the pump off
24)
The most important consideration when dealing with a patient who is on flolan is; a) the treatment must not be discontinued b) turning the flolan off if the patient has a hypotensive episode c) turning the flolan off if the patient has a hypertensive episode d) pausing the administration before disconnecting the line
After a discussion with a BHP you have received orders to turn off a medication pump. No one on scene is familiar with its operation. You should proceed through the following steps:
(3)