Self-Study Spring 2016

CEPCP

Professional Development

# Geriatric Care Part II

1) An elderly patient falls and is experiencing some groin pain and difficulty walking. Which of the following statements is incorrect?
   a) It is possible that a walking patient has a hip fracture
   b) A delay to diagnosing a hip fracture increases mortality
   c) If a patient is walking, a hip fracture can be ruled out
   d) Osteoporosis increases the likelihood of fracture following a fall

2) To avoid being perceived as a “bad patient”, an elderly person may:
   a) Try not to complain about the pain they are experiencing
   b) Exaggerate the pain they are experiencing
   c) Wait for the accurate biological markers of pain to be measured
   d) All of the above are true

3) According to research, when hospitalized following a hip fracture, 13 to 61% of patients will experience:
   a) Dementia
   b) Delirium
   c) Death
   d) Disappointment

4) An elderly patient with a urinary tract infection has an increased likelihood of falling.
   a) True
   b) False
   c) UTIs are unrelated to falls

5) To determine the severity of your adult patient’s pain:
   a) Rely on the vital signs as a reliable physiological indicator of pain severity
   b) Ask the patient using the zero to ten scale, then cut the number in half.
   c) Ask the patient using the zero to ten scale, pain is subjective and only the patient knows the severity of the pain they are experiencing
   d) Assume that your patient will always exaggerate. Avoid asking them to identify the severity of their pain.

6) When a patient experiences a hip fracture and their pain is not treated or is undertreated, the patient is more likely to experience:
   a) A lower pain threshold in the future
   b) Delirium while hospitalized
   c) Satisfaction with the paramedic’s care provided
   d) All of the above
   e) (a) and (b) only

7) A review of the related research shows that combining Acetaminophen and Ibuprofen:
   a) Is generally safe and works well for pain management
   b) Works no better than placebo in randomized clinical trials
   c) Has deleterious side effects making it unsafe for elderly patients
   d) All of the above

8) Which of the following is true?
   a) An elevated blood pressure and heart rate are always associated with severe pain
   b) There is a lack of meaningful correlation between vital signs and pain severity
   c) A health care professional should consider the patient's vital signs when assigning pain severity on the zero to ten scale
   d) A patient with vital signs within normal limits and an expressed pain scale of 10/10 should have analgesia withheld

9) Untreated pain can lead to central sensitization, which means that in the future the patient may experience:
   a) A measurably higher tolerance for pain
   b) A lowered pain threshold
   c) Unchanged pain threshold

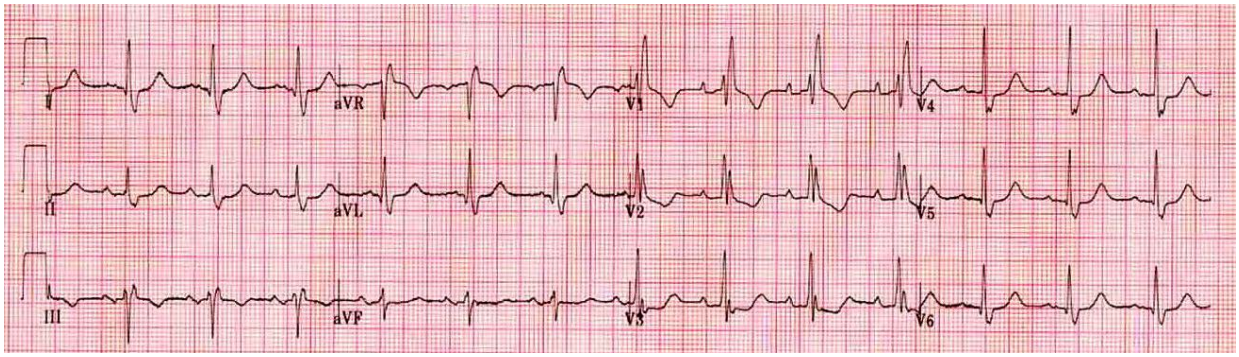
10) You are administering an intramuscular injection to an infant. Which muscle would you select?
   a) Deltoid
   b) Soleus
   c) Gluteus maximus
   d) Vastus lateralis

11) You plan to administer your patient 0.2 mg of a medication. It is supplied in a vial 1 mg / 2 ml. What volume do you draw from the vial?
   a) 0.2 ml
   b) 0.4 ml
   c) 0.5 ml
   d) 1.0 ml

12) An IV has been established using a 10 gtts/ml drip set, and it is dripping once every 2 seconds. How many mls per hour is being administered to your patient?
   a) 60 mls/ hr.
   b) 120 mls/ hr.
   c) 180 mls/ hr.
   d) The answer cannot be determined with the information provided

13) Interpret this ECG:

| | | | |
|---|---|---|---|
| PATIENT NAME: | | HR: | 75 BPM |
| PATIENT ID: | | PR Interval: | 163 ms |
| PATIENT AGE: | 59 | QRS Duration: | 141 ms |
| PATIENT SEX: | MALE | QT/QTc: | 382/428 ms |
| DEVICE ID: | | P-R-T Axis: | 48 47 0 |
| RECORDED: | | | |




   a) Pericarditis
   b) Right bundle branch block
   c) Anterior STEMI
   d) Antero-Lateral STEMI

14) With a complaint of ischemic chest pain, where should the patient (with the preceding ECG) be transported?
   a) Direct to a cardiac catheterization lab
   b) The ER of a hospital with a cardiac catheterization lab
   c) The closest ER
   d) Patch to the BHP for a consultation

15) Salicylate intoxication (salicylism) is characterized by the following symptoms, except
    a) Nausea, vomiting, fever
    b) Tinnitus, decreased hearing, visual changes
    c) Fluid and electrolyte deficiencies
    d) Hypoventilation

16) Aspirin, NSAIDs and Acetaminophen act by
    a) Inhibiting impulses to brain.
    b) Inhibiting the synthesis of prostaglandins.
    c) Competitively blocking the neuronal terminal
    d) Releasing endorphin

17) The paramedic recognizes opioids are used to control pain at this process of nociception.
    a) Transduction
    b) Transmission
    c) Modulation
    d) Perception

18) Reye's syndrome is associated with which of the following drugs?
    a) Sulindac (Clinoril)
    b) Aspirin (Acetylsalicylic acid)
    c) Indomethacin (Indocin)
    d) Diclofenac Sodium (Voltaren)

19) You are maintaining an IV at 150 ml/hr on a transfer to a neighbouring city. You check the drip set and discover it is a 10 gtts/ml set. How many drops per minute should you run it at?
    a) 15 gtts/min
    b) 12.5 gtts/min
    c) 2.5 gtts/min
    d) 25 gtts/min

20) You are treating a 9 year old for a reaction to a bee sting. The reaction is relatively mild, and you elect to give diphenhydramine. How much volume should you administer? The drug is 50 mg/ml concentration and the child is average size for a 9 year old.
    a) 0.05 ml
    b) 0.5 ml
    c) 1.0 ml
    d) 2.5 ml

21) You are going to administer the correct dose of Ketorolac for an adult patient. The drug is supplied in 30 mg/ml vials. What volume of drug should you administer?
    a) 1.0 ml
    b) 0.66 ml
    c) 0.5 ml
    d) 0.25 ml

22) You are going on a LONG transfer. You must infuse 600 ml of normal saline over 2 hours. They are using a 10 gtts/ml set. How many drops per minute should you run it at?
    a) 60 gtts/min
    b) 10 gtts/min
    c) 25 gtts/min
    d) 50 gtts/min

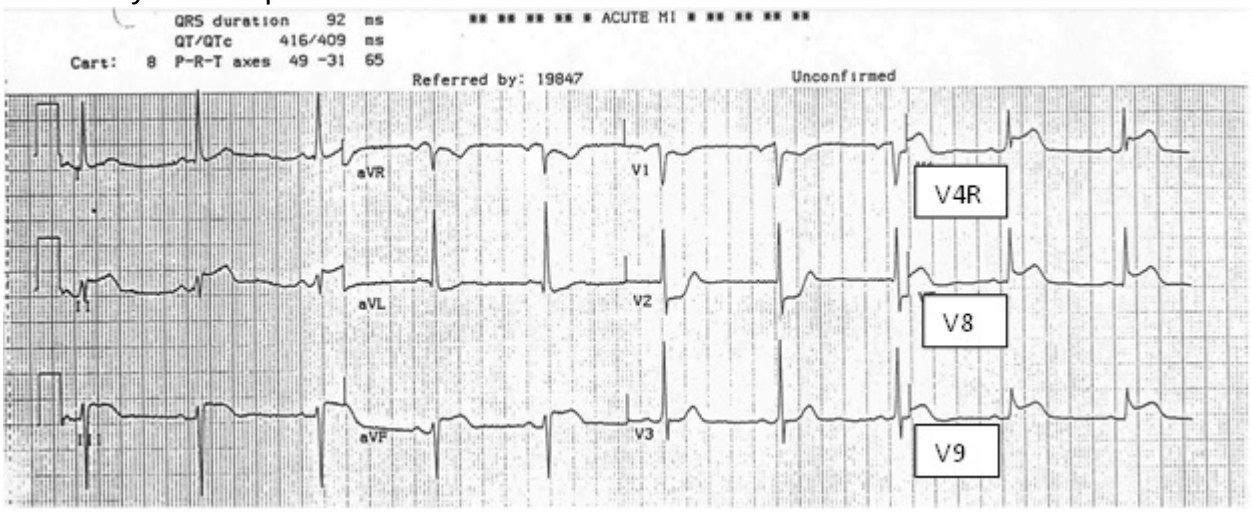
23) Your partner has just started an IV on a pediatric patient. You have opened it up and it is running beautifully through a micro drip set (60 gtts/ml). He asks you to set it to the TKVO rate of 15 ml/hr. How many drops per minute are you going to set it to?
    a) 15 gtts/min
    b) 12.5 gtts/min
    c) 2.5 gtts/min
    d) 1.5 gtts/min

24) Margaret has fallen and through your assessment you have determined that she has suffered an isolated hip fracture and has a moderate level of pain. She advises that she does not take any medications and she answers no when asked about the presence of the other contraindications. On her bedside table you notice that Margaret has Voltaren Gel. When asked, Margaret states that she puts the gel on sore spots from her arthritis every day. She last applied the Voltaren an hour ago. What pain medications could you consider for Margaret under the Adult Analgesia Medical Directive? (Dependent on your scope of practice)
    a) Acetaminophen or Morphine (ACP only)
    b) Acetaminophen and Ibuprofen
    c) Ketorolac and Morphine (ACP Only)
    d) No medications

25) For patient safety there have been a number of contraindications listed in the Adult Analgesia Medical Directive. In the interest of ensuring that none of these are missed best recommended approach would include:
    a) Assuming that since the patient states they have no history, they have none of the contraindications present
    b) Deliberately going through the contraindications one by one to ensure that none of them are present
    c) Remembering a couple from the book and hoping you got them all
    d) Avoid the use of NSAIDs because there are too many contraindications to remember

26) You want to administer 8 mg of medication X. It comes supplied as 10 mg/ 1 ml. The correct volume of medication to draw up would be:
    a) 0.5 ml
    b) 0.8 ml
    c) 0.4 ml
    d) 0.9 ml

27) What is your interpretation of this ECG?




a) Lateral MI
b) Inferior with right ventricular MI
c) Posterior MI
d) B & C

28) You and your partner just ran a cardiac arrest call and your patient has had a return of circulation. What is the expected $ETCO_2$ change in the ROSC patient?
a) A sudden increase in the value
b) A sudden decrease in the value
c) A value greater than 15 mmHg
d) There are no ETCO2 values that can be associated with a ROSC

29) $ETCO_2$ readings are telling of a number of physiological things going on with our patient. Which statements are correct?
i) A value of less than 10 mm Hg is a poor prognosis for the cardiac arrest patient
ii) A value of 42 mmHg is not appropriate value for an alive patient
iii) A value of 55 mmHg on the cardiac arrest patient could indicate a return of spontaneous circulation
iv) A value of 60-80 mmHg is the appropriate range for the alive patient
b) i only
c) i, ii, and iii
d) i and iii
e) All the above