



2012-2013 Written Exam Version 1

1. In order to become an “on the hill” Alpine Patroller, you need to do all of the following *except*:
 - a. complete the OEC course.
 - b. successfully complete a written exam and a practical exam.
 - c. demonstrate a level of skiing/boarding and toboggan handling proficiency.
 - d. successfully complete a three-month candidacy program at your mountain.

2. Although not required in *OEC* 5th Edition, your local mountain protocol states that any time you use a backboard you should always treat the patient as having a neck/back injury and apply a cervical collar. You recognize that this mountain-specific requirement is called a:
 - a. standard of training.
 - b. standard of care.
 - c. medical standard.
 - d. duty to act.

3. Which of the following levels of training emphasizes the provision of immediate life-saving treatment and stabilization to critically ill or injured patients while waiting for additional emergency response?
 - a. EMT
 - b. Emergency medical responder
 - c. AEMT
 - d. Critical care responder

4. When speaking to another person over the airwaves, the use of radio codes:
 - a. decreases confusion in communication.
 - b. is preferred so that the public cannot understand your transmission.
 - c. is discouraged because the codes are not universal to all public safety agencies.
 - d. is required when everyone on your patrol is trained.

5. The best strategy for wearing clothing in the winter months is to wear:
 - a. one layer of multiple-purpose outerwear.
 - b. two layers consisting of a base and an outer layer.
 - c. three layers referred as a base and middle and outer layers.
 - d. four layers referred as dermis, base, intermediate, and outer layers.

6. The best natural material used in winter clothing is:

- a. cotton.
- b. wool.
- c. silk.
- d. polyester.

7. Which one of the following techniques is the single *best* technique that OEC Technicians can use to prevent the spread of infection?

- a. Disinfecting their equipment
- b. Wearing gloves
- c. Washing their hands
- d. Getting immunizations

8. Cross contamination occurs when:

- a. you touch multiple patients without changing your gloves.
- b. patients do not wash their hands after using a restroom.
- c. you touch a second patient after changing your gloves.
- d. patients inject themselves with a needle they have used before.

9. A multiple-casualty incident (MCI) is defined as:

- a. any event that places an excessive demand on rescue personnel and equipment.
- b. any event in which the number of patients requiring care is greater than 10.
- c. any event that requires the medical director to leave the hospital and direct activities on scene.
- d. any event in which five or more people are injured and require transport to different hospitals.

10. You are transporting a patient at a multiple-casualty incident. The patient has a yellow triage tag. You understand this tag to mean:

- a. treatment of the patient could be delayed for up to 4 hours.
- b. the patient has minor injuries.
- c. the patient should be with the “walking wounded.”
- d. the patient has a head injury.

11. At the scene of a multiple-casualty incident, you are presented with a patient who is not breathing. According to the Simple Triage and Rapid Transport (START) system, which of the following actions should you take next?

- a. Place a red tag on the patient.
- b. Start assisting ventilation with a BVM.
- c. Open the airway.
- d. Place a black tag on the patient.

12. When you are placed in charge of the treatment unit at the scene of a multiple-casualty incident, which of the following four patients will you treat first?

- a. A confused 69-year-old male with a respiratory rate of 40 and a rapid and weak radial pulse
- b. An elderly female patient with a femur fracture and a yellow tag on her wrist
- c. A 21-year-old male who goes into cardiac arrest
- d. A 13-year-old boy who walked to the treatment area complaining of a severe headache

13. To maintain proper alignment when moving or lifting a heavy object, the weight of the object must be:

- a. offset using shoulder and chest strength.
- b. distributed to the lower back.
- c. evenly transferred to the legs.
- d. transferred to the forearms and biceps.

14. A woman who is six months pregnant and experiencing back pain should be placed on a backboard and then placed in a toboggan in which of the following positions?

- a. In a supine position
- b. Positioned on her left side
- c. With her head uphill
- d. With her head downhill

15. The greatest risk posed by an urgent move is:

- a. not getting the patient's name and address.
- b. changing the position of the patient and causing a risk-management investigation.
- c. delaying interventions for life-threatening conditions.
- d. incurring a lawsuit by the patient.

16. Which of the following groups of bones could be involved in a patient with a "broken leg"?

- a. Acetabulum, calcaneus, carpals
- b. Femur, tibia, fibula
- c. Orbit, maxillae, mandible
- d. Radius, ulna, humerus

17. When the diaphragm and intercostal muscles relax, which one of the following occurs?

- a. Inhalation
- b. Release
- c. Inspiration
- d. Exhalation

18. Which of the following lists identifies the regions of the spinal column from superior to inferior?

- a. Cervical, lumbar, thoracic, sacral, and coccyx
- b. Coccyx, lumbar, thoracic, cervical, and sacral
- c. Thoracic, lumbar, cervical, coccyx, and sacral
- d. Cervical, thoracic, lumbar, sacral, and coccyx

19. Which of the following lists presents the order in which an OEC Technician should assess a patient in a field setting?

- a. Primary assessment, reassessment, secondary assessment
- b. Scene size-up, secondary assessment, primary assessment
- c. Scene size-up, primary assessment, secondary assessment
- d. Scene size-up, history, secondary assessment, primary assessment

20. You are by the side of a patient who is unresponsive and has a history of heart failure. When assessing the airway, which one of the following observations best indicates a patent airway?

- a. You can hear normal respirations and see the chest rise and fall.
- b. She has a pulse of 80 per minute.
- c. Her mouth is open and you can hear gurgling sounds.
- d. You can see that her tongue has not fallen back where it would block the airway.

21. You are performing a secondary assessment on the unrestrained adult passenger of a motor vehicle that rolled several times at a high rate of speed. The patient is responsive to painful stimuli and in a state of hypoperfusion. When assessing the head, which one of the following is appropriate?

- a. Cleaning a scalp laceration
- b. Checking the pupils with a pen light
- c. Performing a blind finger sweep to clear the airway
- d. Applying pressure to a depressed area of the skull

22. A chief complaint is defined as the:

- a. findings from a primary survey.
- b. primary reason the person is seeking medical care.
- c. findings from a secondary survey.
- d. findings from a SAMPLE interview.

23. When asked, an alert and oriented 44-year-old man with a history of high blood pressure reports that he called for help because “my chest is hurting.” He is diaphoretic and nauseated, has a pulse of 88 and a BP of 156/92, and says that his pain “feels just like my heart attack two years ago.” Based on this information, how would you document his chief complaint on the patient care report?

- a. “My chest is hurting.”
- b. Possible heart attack
- c. Myocardial infarction
- d. Chest pain with hypertension

24. When getting a refusal from a patient who does not want treatment, it is *critical* that you do which of the following things?

- a. Ensure that the patient understands the risks of refusing care.
- b. Make sure the patient has someone who can provide transportation to the hospital.
- c. Have the patient sign and date the refusal form.
- d. Have the patient promise to get care if the symptoms get worse.

25. You are correctly performing the jaw-thrust maneuver when you:

- a. use the thumbs as a lever to lift the patient’s mandible upward.
- b. maintain the patient’s head in a neutral position and tilt the head slightly backward.
- c. open the patient’s airway by slightly pushing down on the forehead and thrusting the jaw upward.
- d. place one hand on the patient’s forehead and lift the jaw upward with the other hand.

26. While a 61-year-old female in cardiac arrest receives emergency care you note that her abdomen grows larger with each ventilation provided from a bag-valve mask. What instructions should you provide?

- a. “Try delivering each ventilation quickly, and let’s slow down the rate.”
- b. “The ventilation rate and the force of ventilation need to be increased so that air reaches the lungs.”
- c. “Let’s slow the ventilation rate to 12 per minute and not squeeze in as much air with each breath.”
- d. “I need another rescuer to apply firm pressure over the stomach while we ventilate this patient.”

27. Despite coaching and explaining the benefits of a nonbreather face mask, a female patient with chest pain panics and states that she cannot tolerate the mask over her face. The more that she panics, the worse the chest pain becomes. Your best course of action is to:

- a. remove the nonbreather mask and apply a simple face mask.
- b. decrease the oxygen flow rate entering the nonbreather mask.
- c. disconnect the nonbreather and replace it with a nasal cannula.
- d. discontinue oxygen therapy and continually monitor breath sounds.

28. To clear an airway of fluid and debris, suctioning should be applied:

- a. for as long as needed.
- b. for no more than 10–15 seconds at a time.
- c. for no more than 30 seconds at a time.
- d. as deeply as needed to remove as much fluid as possible.

29. The four major categories of shock are:

- a. hemorrhagic, distributive, hypoxic, and obstructive.
- b. burn, hypovolemic, distributive, and hypoxic.
- c. hypoglycemic, obstructive, distributive, and hypovolemic.
- d. hypovolemic, cardiogenic, obstructive, and distributive.

30. When performing a primary assessment, the first evidence that the body may be in shock is:

- a. skin that is warm and diaphoretic.
- b. a radial pulse of over 100 beats per minute.
- c. hypertension.
- d. a slowed respiratory rate.

31. The degree to which hemoglobin is full of oxygen is called:

- a. hemoglobin saturation
- b. oxygen saturation.
- c. hematocrit.
- d. oxygen capacity.

32. You are treating a 42-year-old female exhibiting signs of shock. You do not suspect a spinal injury. To try to improve blood flow to the heart, you should position the patient:

- a. supine with her feet elevated 8–12 inches above the level of the heart.
- b. flat on her left side.
- c. supine with the bed tilted so that her head is lower than her feet.
- d. with her head slightly elevated and her arms raised over her head.

33. Which of the following instructions to a possible stroke patient describes the proper procedure for assessing an arm drift?

- a. “Hold your arms up over your head for 20 seconds.”
- b. “Grab my fingers with both hands and squeeze as hard as you can.”
- c. “Raise your hands above your head and close your eyes.”
- d. “Hold your arms straight out for 10 to 15 seconds.”

34. The signs and symptoms of a transient ischemic attack (TIA):

- a. are temporary and resolve within 24 hours.
- b. can persist for a few days before they resolve.
- c. are mild but permanent.
- d. are severe and permanent.

35. When performing a secondary assessment on a confused patient, which of the following signs is most suggestive of a seizure?

- a. Bruises on the arms
- b. A bitten tongue
- c. Pinpoint pupils
- d. A slow heart rate

36. A 44-year-old patient was found at home unresponsive. Based on his clinical presentation and the fact that he was burning a kerosene heater in an enclosed room, you suspect that he is suffering from carbon monoxide poisoning. Based on this information, which route of exposure would you recognize as responsible for the poisoning?

- a. Transdermal route
- b. Inhalation
- c. Ingestion
- d. Absorption

37. Which of the following criteria is *not* one of the criteria for administering activated charcoal?

- a. The patient ingested the poison less than three hours ago.
- b. The patient is awake and responsive.
- c. Transport time will be prolonged.
- d. Authorization has been granted by medical control or some other EMS authority.

38. You are teaching a class about drug-related emergencies, specifically opiate overdose. Which of the following statements made by students indicates an understanding of possible signs of opiate overdose?

- a. "Only illegal narcotics can cause hallucinations, which may make the patient violent."
- b. "When assessing a patient, you must be alert for respiratory depression."
- c. "You should always ask patients if they have chest pain because narcotics increase the heart's workload."
- d. "You should always check the patient's pupils because they will be dilated in a narcotics overdose."

39. Involuntary breathing, in patients without significant respiratory disease is controlled by:

- a. the amount of carbon dioxide dissolved in the blood.
- b. a conscious effort of inspiration.
- c. the amount of oxygen dissolved in the blood.
- d. tissue hypoxia.

40. A 30-year-old male arrives in the aid room complaining of shortness of breath. Which of the following actions would you perform first?

- a. Ask him if he has an inhaler.
- b. Assess the adequacy of his breathing.
- c. Determine the cause of his shortness of breath.
- d. Check his pulse oximetry.

41. Several abnormal lung sounds can be helpful in understanding what condition may be affecting a patient. One such sound is wheezing. Which of the following statements about wheezing is *false*?

- a. It indicates constriction of the lower airway passages.
- b. It is typically caused by asthma.
- c. It may be heard on inhalation, exhalation, or both.
- d. It can be heard only with a stethoscope.

42. A patient who is responsive only to painful stimuli is covered with hives. He has labored respirations and a weak and tachycardic pulse. His vital signs are pulse 128, respirations 24, and blood pressure 80/50 mmHg. Given this presentation, you would suspect:

- a. hypotension.
- b. an anaphylactic reaction.
- c. a stroke.
- d. a head injury.

43. You have arrived by the side of a patient who is allergic to latex and was exposed to it when she spilled a latex-containing powder on her right hand. Assessment reveals her to be panicked. She is able to speak only a few words with each breath. Her tongue is swollen and her respirations are rapid, labored, and noisy. Which of the following actions should be your priority?

- a. Insert an oropharyngeal airway.
- b. Wash the latex powder off of the hand.
- c. Obtain a heart rate and blood pressure.
- d. Get a SAMPLE history.

44. Which of the following statements made by the patient after you assist him with his epinephrine auto-injector best indicates that the epinephrine is working and that the patient is improving?

- a. "My breathing feels a lot easier."
- b. "My heart feels as though it is racing."
- c. "I am getting a little bit of a headache."
- d. "I am more relaxed and getting sleepy."

45. You have been called to treat a 47-year-old man complaining of chest pain. He is alert, oriented, and complaining of pain in his chest that came on suddenly about 15 minutes ago. His skin is diaphoretic and cool. Which of the following actions should you take first?

- a. Apply oxygen at 15 LPM through a nonrebreather mask.
- b. Radio for an ambulance with ALS.
- c. Help him administer his nitroglycerin.
- d. Obtain a SAMPLE history.

46. Before nitroglycerin is administered, you should ensure that:

- a. nitroglycerin is in fact prescribed for the patient.
- b. the patient rates his chest pain as at least 7 on a scale of 1 to 10.
- c. the patient's systolic blood pressure is at least 110 mmHg.
- d. the patient is standing.

47. An alert and oriented 65-year-old woman presents with shortness of breath, noisy respirations, jugular vein distention, and edema in her feet and ankles. Her pulse is 132, her respirations are 24, and her blood pressure is 86/68. Based on these findings, you would suspect that the patient:

- a. has an aortic dissection/aneurysm.
- b. is having a hypertensive emergency.
- c. is experiencing congestive heart failure.
- d. Has pericardial tamponade.

48. Which of the following actions is *not* an action you should take when using an AED?

- a. Ensure that no one is touching the patient when analyzing the patient's heart rhythm and when delivering a shock.
- b. Ensure that the chest is dry and wiped clean of any medications.
- c. Apply any set of electrodes as patient age is not relevant.
- d. Use the electrode to rip away excess chest hair if the electrode is not sticking well to the chest.

49. Because the spleen is a solid organ, the primary threat to life when it is ruptured is:

- a. blood loss.
- b. pain.
- c. infection.
- d. inflammation.

50. A 43-year-old woman who is crying states that she has sharp abdominal pain that is localized to her right lower quadrant. When assessing her abdomen, you would:

- a. start by palpating the left upper quadrant.
- b. avoid palpating the entire abdomen.
- c. start by palpating in the right lower quadrant.
- d. avoid palpating the right lower quadrant.

51. You suspect that a man experiencing right lower quadrant pain has appendicitis. He states that he has no health insurance and wants to refuse care. He asks you what can happen if he has appendicitis but does not go to the hospital. Which of the following statements would you make in reply?

- a. "Your appendix could rupture, causing a major infection, shock, and possible death."
- b. "The inflammation of the appendix will gradually subside, but in the meantime the pain can be terrible."
- c. "If you do not get care, blood may clot in your intestine and cause an obstruction."
- d. "Take an antacid, and if the pain does not subside in an hour or two, then you should go to the hospital."

52. A patient involved in an altercation was struck in the ribs with a baseball bat. Your assessment reveals intact skin with significant bruising to the right lateral chest. When palpating this area you note instability and crepitus to the rib cage. An OEC Technician would recognize a:

- a. thoracic injury secondary to penetrating trauma.
- b. chest injury caused by blunt trauma.
- c. pulmonary injury caused by penetrating trauma.
- d. chest wall injury caused by acceleration forces.

53. Dislocating a shoulder after catching a ski pole on a tree branch is an example of an injury caused by which MOI?

- a. Rotational injury
- b. Blunt injury
- c. Whiplash injury
- d. Compressive injury

54. A patient has a laceration on his arm from a table saw. Assessment reveals dark red blood flowing steadily from the wound. You would recognize this type of bleeding as:

- a. arterial bleeding.
- b. capillary bleeding.
- c. venous bleeding.
- d. lymphatic bleeding.

55. You are having a difficult time controlling bleeding from a small skin avulsion on a patient's ankle. Which of the following statements made by the patient best explains why the bleeding has been so difficult to control?

- a. "I take Coumadin (an anticoagulant) for my irregular heartbeat."
- b. "My blood pressure sometimes runs a little high."
- c. "I take steroids for my lung disease."
- d. "I drank a lot of alcohol last night."

56. A patient has had part of his right thumb amputated in an accident. Friends have retrieved the thumb and wrapped it in a towel. When you arrive, you would demonstrate appropriate handling of the amputated part by:

- a. placing the thumb in a plastic bag filled with ice.
- b. keeping the thumb in the towel.
- c. placing the thumb in a container of sterile saline or sterile water.
- d. wrapping the thumb in a moist sterile dressing, place in a sterile bag and keeping it cool.

57. Which of the following statements about the use of a tourniquet is true?

- a. It should be placed as distal as possible but at least several inches proximal to the wound.
- b. It can be used on most any part of the body except the neck.
- c. On an arm or leg, it should be placed 1 inch from either the elbow or knee.
- d. Tourniquets are a last resort and should be used rarely, if ever.

58. Your patient is a 10-year-old boy who was exposed to a dry chemical powder and is complaining of severe pain at the site of contact on both of his hands. There is no decontamination shower on site. Which of the following actions would be the best way to manage this situation?

- a. Brush away as much of the powder as possible and then have the patient hold his hands under running water from a faucet or garden hose.
- b. Have the fire department connect to a hydrant and spray the patient down from head to toe.
- c. Brush away as much powder as possible and then pour a bottle of sterile saline solution over the patient's hands.
- d. Brush away the powder and then bandage the patient's hands in a position of function.

59. Hoarseness or voice changes in a burn patient should alert an OEC Technician that the:
- patient may be extremely anxious about the injury.
 - heat source may have extended internally into the airway.
 - patient should be treated as a pediatric patient.
 - patient has altered mental status.
60. During your SAMPLE inquiry, a patient reports that he had surgery to repair a torn ligament. Based on your training, you know that a ligament is:
- a thick muscle that surrounds a joint.
 - a tissue that stabilizes two contiguous bone ends.
 - a muscle that connects to a bone.
 - connective tissue that connects muscle and bone.
61. You respond to a 9-year-old boy who was injured in the terrain park. He is complaining of pain in his right wrist. Upon examination you note deformity and swelling of the right wrist, pinkness of the right hand, and a strong radial pulse. Which of the following actions would be part of the proper care for this boy?
- Straighten the wrist to promote blood flow to the hand.
 - Maintain the wrist below the level of the heart to decrease swelling.
 - Apply a cold pack to the wrist to reduce swelling.
 - Massage the wrist gently to decrease the pain.
62. Which of the following assessment findings contraindicates the use of a traction splint to treat a femur injury?
- A gross deformity of the hip that indicates dislocation
 - Decreased pedal pulse rate
 - Numbness in the foot
 - An open fracture
63. The National Ski Patrol's current recommendation regarding ski boot removal when applying a traction splint is:
- that removal is determined by the weather conditions and the extent of the patient's injuries.
 - to leave the boot on until you have at least two other patrollers to help with its removal.
 - that removal should occur in a warm environment, so it should occur as soon as possible after you reach the first aid room.
 - to leave the boot on if the patient is to be placed in a traction splint in the outdoor environment, unless the local medical director approves doing otherwise.

64. The ideal position for patients before you transfer them to a long spine board for immobilization is:

- a. on one side in a neutral anatomic position, with the back straight, the eyes facing forward, and the extremities straight with the palms against the sides of the thighs.
- b. prone in a neutral anatomic position, with the back straight, the eyes facing forward, and the extremities straight with the palms against the sides of the thighs.
- c. on one side in a neutral anatomic position, with the back straight, the eyes facing forward, the lower arm extended above the head, and the upper arm at the side with the palm against the thigh.
- d. supine, in a neutral anatomic position, with the back straight, the eyes facing forward, and the extremities straight with the palms against the thighs.

65. When it becomes apparent that the arm distal to an elbow injury has a CMS deficit, OEC Technicians should:

- a. attempt to realign the injury when final definitive care by a physician is less than two hours away.
- b. splint the arm with the elbow slightly flexed.
- c. use only a sling so that no pressure that further compromises CMS is put on the elbow.
- d. make one attempt to realign and restore CMS before splinting.

66. Because of the abundant blood vessels and nerves in the elbow, an injury to a child's elbow should be splinted in:

- a. the position found.
- b. a 90-degree angle.
- c. a 45-degree angle.
- d. an elevated position using a blanket roll.

67. You respond to an accident at which a male patient is complaining of severe back pain. He informs you that his back pain is coming from a recent fracture of his coccyx. Based on this information, what area of the back would the pain be emanating from?

- a. The neck
- b. The upper back
- c. The tailbone
- d. The lower back

68. Which of the following instructions from one OEC Technician to another describes the appropriate application of a cervical spine immobilization collar?

- a. "Carefully flex his head forward a little so I can pass the collar underneath his neck."
- b. "Let's log roll the patient to one side so I can apply a cervical collar."
- c. "Keep his head in neutral position while I apply a cervical collar."
- d. "I need you to extend the patient's chin backward a little so I can fit the collar under his chin."

69. A patient who was hit in the face with a cloud of dust while working in an industrial setting is complaining of pain and discomfort to his left eye. While performing your assessment on the eye, you note some redness of the globe but do not see any obvious foreign object. The most appropriate care you can provide to this patient would be to:

- a. cover both eyes with a bandage.
- b. carefully wipe the eye with a soft piece of sterile gauze.
- c. gently massage the eye to promote tearing.
- d. have the patient keep his eye open during transport to a medical facility.

70. While running outside the lodge, a teenage girl tripped and fell. She hit her face and mouth, knocking one of her top front teeth from its socket. Although she is upset, you have assessed no threats to life, and the bleeding has been controlled. Your partner finds the tooth and asks you what to do with it. Which of the following responses would be best?

- a. "Wrap the tooth in dry gauze and put it in a plastic bag placed in cool water."
- b. "Avoid touching the root of the tooth. We will gently irrigate it and place it back in its socket."
- c. "Scrub the base of the tooth to be sure it's clean and then we'll place it back in its socket."
- d. "Just put it in dry gauze and bring it with you. They probably won't be able to do anything with it."

71. An OEC candidate asks you to explain a pneumothorax. Your response should be that it occurs when:

- a. the lung becomes overinflated with air and then collapses.
- b. air accumulates between the inner chest wall and the outside of the lung, causing the lung to collapse.
- c. the trachea becomes obstructed, causing the lungs to collapse.
- d. air enters the lung alveoli through a traumatic opening in the chest wall.

72. A patient with blunt chest trauma has paradoxical chest movement. She is conscious and confused and is breathing rapidly and shallowly. After manually stabilizing the flail section of the chest wall, you should:

- a. apply an ice pack to the flail section to decrease bruising.
- b. administer oxygen through a nonrebreather facemask.
- c. apply a flutter valve dressing.
- d. insert an oropharyngeal airway.

73. You are instructing a class in Outdoor Emergency Care when a student asks you to explain the L.A.P. method of examining the thorax. Your best reply to this question would be which of the following statements?

- a. "The L.A.P. method divides the chest into three exam areas: the lateral, anterior, and posterior thorax."
- b. "The L.A.P. method can be used under any conditions and in any environment."
- c. "The L.A.P. method is a rapid assessment for deformities of the chest."
- d. "The L.A.P. method directs you to look, auscultate, and palpate the chest."

74. With which of the following assessment findings for a patient complaining of abdominal and back pain would an OEC Technician be most concerned?

- a. A surgical scar in the right upper abdominal quadrant
- b. A pulsating mass above the umbilicus
- c. A history of gallbladder disease
- d. Patient has recently had diarrhea.

75. To prepare a patient with a pelvic fracture for transportation, OEC Technicians should:

- a. apply a pelvic binder.
- b. place the patient on a scoop stretcher in the right recumbent position.
- c. place the patient in a supine position on a backboard.
- d. place the patient in a seated position in a toboggan.

76. You are assessing a conscious but confused hiker who became lost in the woods on a cold day. Your assessment shows that he has an open airway, adequate breathing, and a weak radial pulse. His skin is cold to the touch and he is shivering. OEC Technicians should recognize that the:

- a. cold caused the patient's brain to become dysfunctional, as evidenced by the shivering.
- b. shivering actually represents a small seizure, which indicates that the brain is cold.
- c. shivering is a protective means by which the body is attempting to warm itself.
- d. shivering indicates that the patient's core body temperature has fallen below 90°F.

77. You are facilitating a talk on cold emergencies in the backcountry. You are asked when one should attempt to rewarm a hand or foot that is frostbitten. Which of the following statements would be your best response?

- a. "You never want to rewarm a frozen body part because doing so can cause additional damage."
- b. "Attempt to rewarm a frozen body part only if the person still has some feeling in it."
- c. "It is best to attempt rewarming in any situation because the benefits of rewarming outweighs the risks of not rewarming."
- d. "Rewarming should take place only when there is no chance that the tissue will refreeze."

78. You are at a football practice on a very hot summer day. A young player is panting and lying under a tree. His skin is flushed, and his teammates are continually wiping the sweat off his face, arms, and chest with towels and offering him fluids to drink. Which of the following statements is most appropriate for this situation?

- a. "Keep wiping. You are helping him retain water that his body needs."
- b. "Don't give him fluids. It will only make him sweat more."
- c. "It's OK for him to sweat. It is helping his body cool down."
- d. "Let's put his shirt back on to keep him from sweating."

79. You are in the aid room with a patient who is unresponsive and has hot, dry skin. His friends state that he has been drinking and passed out in the hot sun for several hours. A patroller is ventilating the patient with a bag-valve mask attached to high-flow oxygen. Which of the following actions would be most beneficial to this patient at this time?

- a. Prepare the patient for vomiting by placing him in a prone position.
- b. Try to give the patient sugar because he could be having a diabetic reaction.
- c. Place cold packs on the patient's groin and armpits.
- d. Gently pour cold water over the patient to rapidly cool him down.

80. The phrase "red on yellow, kill a fellow; red on black, venom lack" is helpful in identifying which of the following kind of poisonous snakes?

- a. Coral snakes
- b. Rattlesnakes
- c. Pit vipers
- d. Copperheads

81. Your neighbor has been cleaning up the wooded area around his yard and burning brush and weeds. He tells you that he is trying to rid the area of poison ivy. You recognize that his actions could:

- a. cause significant respiratory problems for anyone exposed to the smoke.
- b. encourage the poison ivy to grow into any area where the smoke travels.
- c. temporarily solve his problem but will not permanently kill the poison ivy.
- d. be a great solution that you should use around your house.

82. You are with a group of hikers on the third day of an 11,000-foot mountain ascent. One of the hikers has not been feeling well for a couple of days. Today, members of the group notice that he is having difficulty getting dressed and speaking. From your training in outdoor emergency care, you recognize that these signs and symptoms are most often associated with:

- a. acute mountain sickness.
- b. peripheral neuropathy.
- c. frostbite.
- d. HACE.

83. You are working at the summit of a 9,000-foot mountain. A 60-year-old woman is brought to you complaining of headache, fatigue, and shortness of breath. You prepare to do your assessment and recognize that your goal is to:

- a. give her some ibuprofen to ease her headache.
- b. determine whether this is an emergent condition so that you can initiate life-saving treatment.
- c. get the patient lying down to relieve her presenting symptoms.
- d. find out if she has an inhaler she can use to relieve her shortness of breath.

84. Decompression sickness (DSC) or the “bends” is a(n):

- a. excessive O₂ level in the body.
- b. buildup of nitrous acid in the body.
- c. high level of carbon dioxide in the body.
- d. buildup of nitrogen bubbles in the body.

85. A patient who appears dead due to a deep cold-water drowning should be:

- a. left at the scene for the medical examiner to pick up.
- b. transported to a medical facility while being given rescue breathing only.
- c. transported to a medical facility while being given CPR.
- d. warmed up prior to transport and then given continuing CPR.

86. Which of the following statements is most appropriate concerning dealing with caregivers and children during a medical emergency?

- a. “I try to include caregivers in all that I do with their child so that the child and the caregivers are more comfortable.”
- b. “It is best to separate caregivers from the child so that proper assessment and care can be given.”
- c. “I include caregivers in the care until I get the information I need; then I remove the child and continue the assessment in the first-aid room.”
- d. “I tell caregivers that everything will be okay so that they are calm and I am better able to help their child.”

87. An OEC Technician asks you why you should not overextend the airway when performing a head tilt-chin lift maneuver on a pediatric patient. Which of the following replies would you make?

- a. “The pediatric cervical spine is delicate and can be injured if the neck is hyperextended.”
- b. “The tongue of a pediatric patient is proportionally larger and blocks the airway when the neck is hyperextended.”
- c. “The cartilage of the trachea is very soft and can compress if the neck is extended too far.”
- d. “The esophagus in a pediatric patient is very thick and will occlude the airway if the neck is hyperextended.”

88. An infant who is short of breath is alert and has adequate respirations at a rate of 54 per minute. His skin color is pink but slightly cool to the touch. When you place a pediatric mask on his face, he becomes very upset and begins to physically struggle to remove it. In this situation you would:

- a. gently restrain the infant's hands so that he cannot remove the mask.
- b. secure the mask to the infant's face using tape.
- c. allow the mother to hold the infant and then provide blow-by oxygen therapy.
- d. omit the oxygen for now and continue to assess the infant every 5 minutes.

89. You are assessing an infant who has been ill and has had a fever for the past two days. As you approach the infant you note that she has grunting respirations. Based on your OEC training you determine that grunting is:

- a. a soothing mechanism for a sick child.
- b. a symptom of severe respiratory disease.
- c. a symptom of significant dehydration.
- d. often normal in a child with a cold.

90. Which of the following statements shows that an OEC Technician has an accurate understanding of vital signs in relation to geriatric patients?

- a. "The typical resting heart rate in geriatric patients is less than 60 beats per minute."
- b. "Fever tends to be more common and more severe in elderly patients."
- c. "There is no difference between the vital signs of a geriatric patient and those of a young adult."
- d. "Respiratory capacity is greatly reduced in geriatric patients."

91. A 77-year-old man got out of bed, became dizzy, and fell onto the floor, hitting the right side of his face. You find him sitting on the floor with his wife next to him. His wife states that he did not lose responsiveness and that this has happened several times over the past few days, ever since the doctor put him on a new blood pressure medication. Presently, the patient is alert and oriented and complaining of dizziness and a headache. He has a history of coronary artery disease, emphysema, and hypertension. Which of the following actions should you take first?

- a. Check the patient's airway and breathing.
- b. Establish manual in-line spinal stabilization.
- c. Position the patient supine with his feet elevated.
- d. Provide oxygen at 15 LPM.

92. You are assessing a 12-year-old boy who was injured while running. The patient's mother tells you that her son has Down syndrome. Based on your training, which of the following statements concerning a Down syndrome athlete is true?

- a. They often complain of pain or injury.
- b. They have physical and intellectual disabilities that vary widely from one individual to another.
- c. You can predict the amount of intellectual disability from the degree of physical changes you observe.
- d. You need to approach them carefully because generally they are very unpleasant to deal with.

93. You are assisting a 32-year-old woman whose right leg has been amputated below the knee. She is complaining of severe pain in her right thigh. You note that the knee is flexed and that there is some deformity in the middle of the femur. Your partner hands you a HARE traction splint. Which of the following statements would be your best response to your partner?

- a. "We will need to adapt the boot hitch in order to secure it to the end of the leg."
- b. "Let's use a Quick Splint instead."
- c. "The HARE won't work. We will need to be creative and make our own traction device."
- d. "We need to force the knee to straighten and then we can use a splint."

94. Which of the following statements shows that an OEC Technician has a good understanding of dealing with a patient who is having a behavioral emergency?

- a. "Try to assess patients from a safe distance until they start to answer your questions calmly."
- b. "I avoid making eye contact because patients may perceive eye contact as a threatening gesture and respond with violence."
- c. "Touch conveys concern for a patient, so I try to touch the patient's shoulder or arm as soon as I arrive at the scene."
- d. "If a patient raises his voice to you, you must raise your voice in return. Research has shown that this helps deter violence."

95. Which of the following situations is *not* an indication for the use of restraints?

- a. The patient is in imminent danger of harming himself.
- b. The patient is alert, rational, and refuses medical care.
- c. Others present are in imminent danger from the patient.
- d. The use of verbal calming skills is no longer effective, and the patient is a danger to himself or others.

96. You arrive in the aid room to find an EMT assisting a mother during delivery. You're told that the patient's perineum tore and that you need to control the bleeding. Which of the following actions would you take?

- a. Place a cold pack on the mother's abdomen just below the umbilicus.
- b. Apply a sterile gauze dressing with gentle pressure above the mother's vagina.
- c. Place a sterile dressing between the mother's vagina and rectum.
- d. Insert sterile gauze into the mother's vagina and leave it in place until the bleeding stops.

97. During a delivery, you note that the umbilical cord is wrapped around the baby's neck. Which of the following actions should you take immediately?

- a. Clamp and cut the cord.
- b. Stop the delivery and call for an ALS ambulance.
- c. Slip the cord over the baby's head.
- d. Try to push the baby's head back in so you can slip the cord over it.

98. After delivery, you note that blood continues to ooze from the mother's vaginal canal. The sanitary pads that you placed between her legs continue to become soaked. Which of the following actions should you take next?

- a. Insert sterile gauze into the vaginal canal.
- b. Call for an ALS ambulance.
- c. Perform a uterine abdominal massage.
- d. Place the mother on her left side.

99. The contaminated area in a hazardous incident is known as the:

- a. contaminated zone.
- b. decontamination zone.
- c. hot zone.
- d. cold zone.

100. In the event that OEC Technicians are exposed to an organophosphate or a chemical nerve agent, they may need to self-administer the nerve agent antidote. Which of the following statements regarding the self-administration of a nerve agent antidote is *false*?

- a. "If severe symptoms are present, three atropine auto-injectors and three 2-PAM Cl injectors are administered in rapid succession."
- b. "The medication is administered in a way that is similar to that for an Epi-Pen."
- c. "If the nerve agent has been ingested, exposure may continue for some time, and a relapse is a possibility."
- d. "Depending on the symptoms observed, the initial treatment will either be an atropine auto-injector or a 2-PAM Cl injector."