



Silver Cross Emergency Medical Services System



NOVEMBER 2014 STUDY GUIDE – PULMONARY EMERGENCIES

1. Where is “rhonchi” normally heard?
2. Identify 3 major differences in the pediatric airway, compared to an adult.
3. What is the most common airway obstruction in any patient?
4. What is the delivered concentration of oxygen through: (1) Nasal cannula, (2) Non-rebreather mask, (3) Bag-valve-mask?
5. You are ventilating a patient with a BVM and notice that the patient is beginning to have gastric distention. What is causing this? How is it corrected?
6. What is CPAP? When would it be used?
7. Name 5 contraindications for the use of CPAP.
8. Name 3 types of COPD.

9. What is the theory behind “hypoxic drive”?
10. You respond for a man complaining of difficulty breathing. You arrive to find a 66yo male sitting in the tripod position with respirations at 36 per minute. He has ashen skin tone, appears to be barrel chested, and is very anxious. He is able to speak in short sentences. The patient is on 2L O₂ via nasal cannula. He states he tried to take his Ventolin inhaler twice and has no relief. Which of the following would represent your next course of action?
- This patient is having an exacerbation of COPD. Apply a non-rebreather mask at 15L O₂ per minute, lay him supine, begin an in-line nebulizer treatment of Albuterol.
 - This patient is having an asthma attack. Obtain a baseline set of vital signs. Contact medical control for permission to apply CPAP.
 - This patient is having an exacerbation of COPD. Switch to shorter length nasal cannula and increase flow to 4-6L. Obtain vital signs and measure pulse oximetry.
 - This patient is in congestive heart failure. Begin an Albuterol treatment via facemask. Apply CPAP and prepare intubation equipment as the potential for respiratory arrest is imminent.
11. Which of the following statements regarding asthma is TRUE?
- The asthmatic bronchial tree is narrowed and contains no mucous secretions.
 - Asthmatic patients do not routinely require the use of bronchodilator therapy.
 - Asthmatic patients are not affected by temperature changes or allergens.
 - During an asthma attack, the patient has a difficult time exhaling air from the lungs due to tightened bands of smooth muscle in the bronchial trees.
12. What is croup? What can a parent do to help prevent their child from developing croup?
13. What are the signs/symptoms of croup? How does it differ from epiglottitis?
14. Which CODE of the SCEMSS SMO’s applies to croup? Which part of the CODE applies to a patient with croup?

15. What is pneumonia? How can it be diagnosed in the prehospital setting?

16. What are 5 signs/symptoms of pneumonia?

17. How is pneumonia treated in the prehospital setting?

18. TRUE or FALSE: Fire deaths due to smoke inhalation outnumber fire deaths due to burns.

19. How does smoke inhalation result in unconsciousness?

20. What are two noxious gases released from burning materials.

21. List, in order, the types of AV Heart Blocks from least harmful to most harmful.

22. What are the differences between a 2nd Degree Type I and Type II, AV Heart Blocks?

23. You respond for the person that is unresponsive but breathing. You arrive to find a 74 year old male laying in bed. The patients wife states he was just at his cardiologist yesterday and was supposed to be receiving an implanted cardiac pacemaker tomorrow. You obtain vital signs, apply the cardiac monitor, and find the following rhythm. Identify this rhythm.



24. If performing transcutaneous pacing to a conscious (awake) patient, what must you consider doing first?

25. You apply your TCP device, set your rate at 70 bpm and begin to increase voltage. You see that “pacing spikes” are synchronizing with QRS complexes. You continue to increase the voltage slightly and begin to feel a brachial pulse. What two measures have you just accomplished?