

STUDY GUIDE
for
Patient Assessment

1. Paradoxical chest wall movement would indicate
 - a. flail chest
 - b. hemothorax
 - c. pneumothorax
 - d. traumatic asphyxia
2. In the healthy adult at rest, normal respiration should occur at a rate of _____ per minute.
 - a. 16-22
 - b. 12-20
 - c. 24
 - d. 60-100
3. The healthy adult at rest breathes in approximately _____ ml of air.
 - a. 500
 - b. 150
 - c. 800
 - d. 350
4. Exaggerated abdominal movement during breathing may indicate
 - a. spinal cord injury
 - b. diaphragmatic breathing
 - c. intercostal muscle paralysis
 - d. all of the above
5. The presence of supraclavicular retractions suggests
 - a. hypovolemic shock
 - b. decreased blood volume
 - c. a partial airway obstruction
 - d. cardiac arrhythmias
6. The most common cause of snoring is upper airway obstruction from
 - a. foreign bodies
 - b. stomach contents
 - c. the tongue
 - d. swollen epiglottis
7. Snoring is best corrected by

- a. vigorous suctioning
 - b. repositioning the head
 - c. pumping the stomach
 - d. endotracheal intubation
8. High pitched "crowing" sounds caused by obstruction of the upper airway are called
- a. wheezes
 - b. snoring
 - c. rales
 - d. stridor
9. The whistling sounds indicative of lower airway constriction are called
- a. wheezes
 - b. snoring
 - c. rales
 - d. stridor
10. Your patient presents unconscious, without a gag reflex, and moving less than 6 liters/minute of air. You should do all of the following except
- a. intubate
 - b. perform bag-valve-mask ventilations
 - c. administer 100% oxygen
 - d. complete the primary survey before treating
11. Your patient presents with warm, pink skin, radial pulse rate of 80/minute, and capillary refill time of 2 seconds. From this information what can you conclude about her circulatory condition?
- a. it is normal
 - b. it shows signs of early circulatory compromise
 - c. it shows signs of severe circulator collapse
 - d. none of the above
12. Which of the following is not a physical exam technique?
- a. palpitation
 - b. auscultation
 - c. percussion
 - d. inspection
13. Heart sounds can best be heard by placing the stethoscope over the
- a. apex of the heart

- b. fourth intercostal space, right mid-clavicular line
 - c. third intercostal space, just left of the sternum
 - d. fifth intercostal space, mid-axillary line
14. A hollow and vibrating resonance heard when percussing the chest indicates the presence of
- a. air
 - b. blood
 - c. pleural fluid
 - d. water
15. A black and bluish discoloration over the mastoid process is called
- a. periorbital ecchymosis
 - b. Battle's sign
 - c. raccoon's eyes
 - d. Cushing's reflex
16. A positive halo test indicates the presence of
- a. sugar
 - b. blood
 - c. stomach contents
 - d. cerebrospinal fluid
17. Pinpoint pupils indicate
- a. severe brain injury
 - b. hypoxia
 - c. intracranial pressure
 - d. opiate overdose
18. Failure of the eyes to rotate simultaneously in the same direction is called
- a. anisocoria
 - b. dysconjugate gaze
 - c. doll's eye reflex
 - d. Battle's sign

Match the following oral cavity fluids with their possible pathologies:

- | | |
|--------------------|----------------------------|
| 19. coffee grounds | a. CHF |
| fresh blood | b. respiratory infection |
| pink-tinged sputum | c. bleeding in the stomach |

20. green or yellow phlegm d. brain injury
21. vomit e. upper GI hemorrhage
22. Significant jugular venous distension is evaluated with the patient's head elevated at a _____ degree angle.
- a. 90
 - b. 45
 - c. 0
 - d. 180
23. Significant JVD is indicative of
- a. hypovolemia
 - b. hypotension
 - c. cardiac tamponade
 - d. left heart failure
24. Your patient is lying supine and his neck veins are flat. You conclude that he
- a. has a tension pneumothorax
 - b. has right heart failure
 - c. is hypovolemic
 - d. has cor pulmonale
25. The presence of air just underneath the surface of the skin is known as
- a. pulmonary emphysema
 - b. subcutaneous emphysema
 - c. crepital emphysema
 - d. ipsilateral emphysema
26. A rapid, deep respiratory pattern may be indicative of
- a. head injury
 - b. extreme exertion
 - c. hyperglycemia
 - d. all of the above
27. A series of increasing, then decreasing, breaths with periods of apnea in between is known as
- a. Biot's
 - b. Kussmaul's
 - c. central neurogenic hyperventilation
 - d. Cheyne-Stokes

28. A bluish discoloration around the umbilicus is known as
- Grey-Turner's sign
 - Cullen's sign
 - Cushing's reflex
 - Battle's sign
29. Rebound tenderness is indicative of
- peritoneal inflammation
 - impending aortic aneurysm rupture
 - solid organ inflammation
 - none of the above
30. Ascites is caused by
- increased portal circulatory pressure
 - right heart failure
 - cirrhosis of the liver
 - all of the above
31. Presacral edema is indicative of
- congestive heart failure
 - peritoneal irritation
 - cirrhosis of the liver
 - ruptured ipsilateral kidney
32. Priapism is caused by
- unopposed parasympathetic stimulation
 - spinal cord interruption
 - brain dysfunction
 - all of the above
33. Clubbing is caused by
- a chronic hypoxic condition
 - cardiovascular and pulmonary disease
 - central cyanosis
 - all of the above
34. The difference between systolic and diastolic blood pressures is known as

- a. pulsus paradoxus
 - b. mean arterial pressure
 - c. central venous pressure
 - d. pulse pressure
35. If your supine patient's pulse rate rises more than 15 beats per minute when you sit him up, what should you suspect?
- a. congestive heart failure
 - b. significant blood loss
 - c. severe hypertension
 - d. coronary artery disease
36. Patients with effective respiration should measure an oxygen saturation of
- a. 80-100 mg/kg
 - b. 120 d/L
 - c. 90-100 torr
 - d. 96-100%
37. In which of the following situations might your oximetry reading be misleading?
- a. severe hypothermia
 - b. carbon monoxide poisoning
 - c. hypovolemia
 - d. all of the above
38. The primary sign or symptom noticed by the patient is called the
- a. primary problem
 - b. associated symptom
 - c. chief complaint
 - d. history of present illness
39. When recording your patient's symptoms, it is best to use
- a. medical terminology
 - b. the patient's own words
 - c. your interpretation
 - d. none of the above
40. Often the pain of myocardial infarction is felt in the neck and jaw. This is known as _____ pain.
- a. aggravating

- b. alleviating
 - c. radiating
 - d. referred
41. The "P" in the mnemonic "AMPLE" stands for
- a. palliative factors
 - b. provocative factors
 - c. past medical history
 - d. personal physician
42. Paralysis of both lower extremities is called
- a. hemiplegia
 - b. quadriplegia
 - c. paraplegia
 - d. all of the above
 - e. none of the above
43. Paralysis of the same side's arm and leg is called
- a. hemiplegia
 - b. quadriplegia
 - c. paraplegia
 - d. all of the above
 - e. none of the above
44. The primary survey care of a patient includes
- a. assessing respiratory rate and volume
 - b. exposure of the chest to observe for retractions during respiration
 - c. treatment of pneumothorax
 - d. all of the above
 - e. none of the above
45. The presence of a radial pulse suggests a systolic blood pressure of at least ____ mm Hg.
- a. 50
 - b. 60
 - c. 70
 - d. 80
 - e. 90
46. If the radial pulse is absent, the presence of a femoral pulse suggests a blood pressure of at least ____ mm Hg.
- a. 50
 - b. 60

- c. 70
 - d. 80
 - e. 90
47. Striking an area to elicit sounds or vibrations is called
- a. percussion
 - b. palpation
 - c. auscultation
 - d. inspection
 - e. evaluation
48. Evaluation of a patient's complaints of pain includes all of the following except
- a. aggravating and alleviating factors
 - b. time of onset and activity at onset
 - c. duration of complaint
 - d. quality and intensity of pain
 - e. family history of illness
49. Which of the following statements regarding "pertinent negatives" is false?
- a. when a patient denies the presence of a complaint, this denial is called a pertinent negative
 - b. when the paramedic doesn't note signs or symptoms normally accompanying a complaint, this lack of finding is called a pertinent negative
 - c. when the paramedic neglects to perform a specific examination or ask a pertinent question, this is called a pertinent negative
 - d. all of the above are false
 - e. none of the above is false
50. Dorsi flexion and upward flaring of the toes is a _____ Babinski reflex.
- a. positive/abnormal
 - b. positive/normal
 - c. negative/abnormal
 - d. negative/normal
51. When assessing the mental status of patients, the "P" of the mnemonic "AVPU" refers to
- a. purposeful movement
 - b. priapism
 - c. response to pain
 - d. pupillary response is normal
52. Unequal pupils may indicate

- a. stroke
 - b. head injury
 - c. normal response in a small percentage of patients
 - d. all of the above
53. Tracheal deviation should be assessed at the
- a. cricoid ring
 - b. thyroid cartilage
 - c. suprasternal notch
 - d. manubrium
54. The discharge of clear fluid from the nose may indicate
- a. basilar skull fracture
 - b. rhinitis
 - c. cerebrospinal fluid
 - d. all of the above
55. Plantar flexion of the feet and contraction of the arms is known as _____ posturing.
- a. decerebrate
 - b. decorticate
 - c. flaccid paralysis
 - d. none of the above
56. Plantar flexion of the feet and extension of the arms is known as _____ posturing.
- a. decerebrate
 - b. decorticate
 - c. flaccid paralysis
 - d. none of the above
57. A pulsatile mass in the midline of the abdomen suggests
- a. intestinal obstruction
 - b. diverticulitis
 - c. Crohn's disease
 - d. AAA
58. Unequal blood pressures in the upper extremities suggests
- a. brachial artery injury

- b. axillary artery injury
- c. subclavian artery injury
- d. aortic aneurysm
- e. any of the above are possible