MULTIPLE CHOICE. Choose the one alternative that best completes the statement or answers the question.

1) When you are in a stressful situation and find yourself thinking, "I can't do this," one effective strategy is to:
   A) reframe.  
   B) deny.  
   C) project.  
   D) withdraw.  

2) Which of the following is a physiological benefit of achieving and maintaining physical fitness?
   A) Increased resting heart rate  
   B) Increased metabolic rate  
   C) Decreased oxygen-carrying capacity  
   D) Increased resting blood pressure  

3) The idea that each person must decide how to behave and that whatever decision that person makes is okay is known as:
   A) consequentialism.  
   B) moral positivism.  
   C) the deontological method.  
   D) ethical relativism.  

4) After recovering from a hip fracture due to a fall in her home, an elderly woman receives physical therapy and instructions on how to use a walker. This is an example of _______ prevention activity.
   A) primary  
   B) secondary  
   C) medullary  
   D) tertiary  

5) Which of the following is NOT one of the core elements of physical fitness?
   A) Muscular strength  
   B) Speed  
   C) Cardiovascular endurance  
   D) Flexibility  

6) The duties and skills paramedics are allowed and expected to perform while carrying out their jobs are called:
   A) the statute of limitations.  
   B) the scope of practice.  
   C) the national standard curriculum.  
   D) standing orders.  

7) A patient has been treated by paramedics for a sprained wrist. En route to the hospital, she suffers a stroke. What is the likely outcome of a negligence lawsuit brought by the patient?
   A) The suit would fail because the plaintiff failed to demonstrate malice on the part of the plaintiffs.  
   B) The suit would fail because the plaintiff could not demonstrate that the paramedics' actions were the proximate cause of the stroke.  
   C) The suit would succeed because the paramedics had a duty to act and the patient suffered actual damages.  
   D) The suit would succeed because this was a foreseeable event.  


8) An action or inaction by a paramedic that causes or worsens damages suffered by a patient is called the ________ of the damages.
   A) precipitating agent   B) potential agent
   C) proximate cause       D) primary cause

9) A civil wrong committed by one individual against another is a:
   A) tort.   B) felony.   C) misdemeanor.   D) breach of duty.

10) Treating all patients and their families with respect is an example of a paramedic’s ________ duty.
    A) liable   B) medicolegal   C) legal   D) ethical

11) In the presence of calcium, thrombin will encourage:
    A) fibrin clot formation.   B) plasminogen release.
    C) platelet aggregation.   D) prothrombin activation.

12) Cerebrospinal fluid can be found within the:
    A) epidural space.   B) subarachnoid space.
    C) dura mater.       D) periarachnoid space.

13) The sac adjacent to a testis that stores sperm cells is the:
    A) glans.   B) epididymis.   C) vas deferens.   D) seminal vesicle.

14) At the end of exhalation, the intrathoracic pressure is:
    A) equal to atmospheric pressure.
    B) significantly less than atmospheric pressure.
    C) slightly less than atmospheric pressure.
    D) greater than atmospheric pressure.

15) Which of the following is NOT one of the functions carried out during the inflammation response?
    A) Walling off of the infected and inflamed area
    B) Removal of unwanted substances
    C) Promotion of healing
    D) Development of humoral immunity

16) Your patient is presenting with rapid onset hypotension, tachycardia, and absent radial pulses.
    Which type of shock is LEAST likely to be the cause?
    A) Neurogenic   B) Hypovolemic   C) Cardiogenic   D) Septic
17) T lymphocytes are primarily responsible for:
   A) neutralizing antigens.     B) directly attacking antigens.
   C) producing antigens.      D) producing antibodies.

18) Which of the following barriers provides the greatest degree of specificity when eliminating foreign substances from the body?
   A) Apocrine secretions     B) Inflammation
   C) Anatomical barriers    D) Immunity

19) Which of the following best describes authoritarian parents?
   A) Responsive to the needs and wishes of their children
   B) Expectant that the partner parents will discipline the children
   C) Demanding and desires instant obedience from their children
   D) Tolerant, with an accepting view of their children's behavior

20) By the age of 80, cardiac vessel elasticity has decreased by approximately _______ percent.
    A) 70     B) 60     C) 50     D) 40

21) Which of the following guidelines applies when interviewing an adolescent patient?
    A) Conduct the interview in private.
    B) Avoid asking questions about such sensitive topics as substance abuse and sexual activity.
    C) Try to have a parent or peer stay with the patient.
    D) Remember that, although they look grown, adolescents still want to be treated like children.

22) Preconventional reasoning is characterized by an orientation toward:
    A) concern with interpersonal norms.     B) concern with universal ethical principles.
    C) punishment and obedience.             D) concern with community rights.

23) The narcotic nalbuphine (Nubain) not only binds to opiate receptor sites to provide analgesia, it prevents other opioids, such as morphine sulfate, from binding to these sites, lessening respiratory depression. These characteristics make the drug a(n):
    A) competitive agonist.  B) agonist–antagonist.
    C) agonist.                D) competitive antagonist.

24) Which of the following is NOT a side effect of oral contraceptives?
    A) Hypertension     B) Unintended pregnancy
    C) Early-onset osteoporosis D) Thromboembolism
25) An important physiologic distinction between the sympathetic and parasympathetic divisions of the autonomic nervous system is:

   A) only the sympathetic division innervates the target organs or tissue directly.
   B) the sympathetic division does not use acetylcholine as a neurotransmitter.
   C) the parasympathetic nervous system contains no ganglionic fibers.
   D) the sympathetic ganglia are close to the spinal cord.

26) Shortly after treating your patient for a variety of cardiac dysrhythmias, your patient complains of dry mouth, blurred vision, palpitations, and sensitivity to light. Which drug might you have administered too much of?

   A) Lidocaine
   B) Adenosine
   C) Atropine
   D) Amiodarone

27) Which of the following is considered a site of central venous access?

   A) External jugular vein
   B) Femoral vein
   C) Saphenous vein
   D) Median cephalic vein

28) Which of the following is NOT a pulmonary route of medication administration?

   A) Nebulization of liquid medications by pressurized air
   B) Instillation of liquid medications into an endotracheal tube
   C) Inhalation of aerosolized medications
   D) Nasal drops and sprays

29) A liquid preparation that contains small particles of medication is known as a(n):

   A) emulsion.
   B) suspension.
   C) syrup.
   D) elixir.

30) Ms. Krinklebine is experiencing right lower quadrant pain following a syncopal episode. She reports her last menstrual period (LMP) was about 6 weeks ago. While she is awaiting an abdominal CT, the surgery resident asks that you initiate an IV of lactated Ringer’s solution using a blood set (10 gtt/mL) and infuse 1,000 ml over 1 hour. What drip rate (in gtt/minute) will you use to attain this rate of administration?

   A) 600
   B) 67
   C) 167
   D) 17

31) In an adult, the narrowest part of the airway is the:

   A) larynx.
   B) cricoid cartilage.
   C) hypopharynx.
   D) trachea.

32) A portable suction device should generate a flow rate of ________ liters per minute when the tube is open.

   A) 30
   B) 50
   C) 40
   D) 20
33) Which of the following is the correct order of events after an endotracheal tube has been properly inserted?

A) Inflate the cuff with 5–10 cc of air, listen for equal breath sounds bilaterally, listen for breath sounds over the epigastrium, secure the tube.
B) Inflate the cuff with 5–10 cc of air, listen for breath sounds over the epigastrium, listen for equal breath sounds bilaterally, secure the tube.
C) Secure the tube, listen for breath sounds over the epigastrium, listen for equal breath sounds bilaterally, inflate the cuff with 5–10 cc of air.
D) Inflate the cuff with 5–10 cc of air, secure the tube, listen for equal breath sounds bilaterally, listen for breath sounds over the epigastrium.

34) The hypoxic drive is stimulated by:

A) high PaO\(_2\).  B) high PaCO\(_2\).  C) low PaO\(_2\).  D) low PaCO\(_2\).

35) 'Please tell me about your abdominal pain' is an example of a(n) _______ question.

A) distracting  B) closed  C) leading  D) open-ended

36) Echoing a patient's message to the patient using your own words is a technique known as:

A) explanation.  B) reflection.  C) facilitation.  D) clarification.

37) You are called to a scene at which a pedestrian has fallen on the sidewalk. When you arrive, the man is sitting up and appears alert and responsive. However, as you attempt to start your interview in your normal manner, you note that he is reluctant to speak with you. How should you next proceed?

A) Call the medical direction physician and allow the patient to speak to him or her.
B) Ask the patient to sign a refusal of treatment and transport form.
C) Try to develop rapport by reviewing the reason you were dispatched on the call.
D) Confront the patient with your inability to help him if he does not tell you what is going on.

38) _______ may result in a failure of communication between a paramedic and a patient.

A) External distractions  B) Lack of privacy  C) Prejudice  D) All of the above

39) Which of the following is an example of a closed-ended question?

A) "What were you doing when the pain began?"
B) "Do you have any medical history?"
C) "Where is your discomfort?"
D) "What is your medical history?"
40) Which of the following statements regarding patient communication is true?

   A) Use language appropriate to the patient’s level of understanding.
   B) Use sophisticated medical terminology to sound professional.
   C) Cultural differences make no difference in the professional world of medicine.
   D) Avoid using interpreters, because they generally only confuse the patient.

41) Which of the following actions can you take to establish rapport with a patient early in the interview?

   A) Ask as many questions as possible to get her attention.
   B) Respond to her condition with empathy.
   C) Do not allow her to discuss her chief complaint freely.
   D) Be as stiff and emotionless as possible.

42) Which of the following is NOT part of the preliminary patient data?

   A) Patient's age and occupation
   B) Source of information about the patient
   C) Chief complaint
   D) Date and time of physical exam

43) When checking for skin turgor, you should:

   A) palpate the skin for dryness.
   B) gently pick up a fold of skin and then release it, looking for tenting.
   C) use the backs of the patient's fingers to determine temperature.
   D) press the nail beds, then release and observe for blanching.

44) Testing for a fluid wave in the abdomen is one way to examine the patient for the presence of:

   A) intra-abdominal bleeding.
   B) peritonitis.
   C) ascites.
   D) intestinal gas build-up.

45) Areas of a neurological exam include all of the following EXCEPT:

   A) cranial nerves.
   B) cranium.
   C) reflexes.
   D) mental status and speech.

46) The process in which a paramedic places a hand on a body part and then sharply taps a distal knuckle with the tip of another finger is known as:

   A) observation.
   B) palpation.
   C) hyperresonance.
   D) percussion.
47) The sound of gurgling associated with breathing usually indicates:
   A) bronchospasm.
   B) fluid in the upper airway.
   C) complete foreign body airway obstruction.
   D) fluid in the alveoli.

48) Which of the following best describes why a focused history is important in responsive medical patients?
   A) It supports diagnostic impression.
   B) It allows treatments to be initiated immediately.
   C) It helps to formulate a field diagnosis.
   D) It identifies signs of medical complications.

49) Which of the following is NOT an example of a mechanism of injury?
   A) A high-velocity gunshot wound
   B) An episode of chest pressure
   C) A fall from a ladder
   D) A low-speed motor vehicle collision

50) Which of the following is NOT a reason an ongoing assessment is important?
   A) It detects trends in the patient's status.
   B) It assesses the effects of interventions.
   C) It gives you something to do while transporting the patient.
   D) It determines changes in the patient's conditions.

51) Your patient is in cardiac arrest. You are focused on initiating CPR, managing the airway, and, if necessary, defibrillating as soon as possible. Your step-by-step approach of data processing in this situation is best called:
   A) reflective.
   B) convergent.
   C) reactive.
   D) divergent.

52) The six "Rs" of putting together the critical decision-making process include all of the following EXCEPT:
   A) reading the patient.
   B) reinforcing good practices.
   C) revising the management plan.
   D) reviewing your performance.

53) The ability to critically evaluate a patient's condition and formulate a treatment plan rests on all of the following fundamental knowledge and abilities EXCEPT:
   A) strictly following protocols.
   B) excellent working knowledge of anatomy and physiology.
   C) focusing on large amounts of data.
   D) identifying and dealing with medical ambiguity.
54) After considering the information you have collected, you determine the most likely cause of your patient’s condition. This step in the critical decision-making process is called:

A) reflecting on the incident.  
B) applying the principles.  
C) forming a concept.  
D) interpreting the data.

55) In addition to gathering the incident location, the dispatcher should also obtain the _______ from the caller.

A) patient's insurance information  
B) medical history  
C) call-back number  
D) caller's past 911 use

56) The emergency medical dispatcher has just finished interrogating a caller. The next step would be for the dispatcher to:

A) follow established guidelines to determine the appropriate level of response.  
B) contact the patient's physician to determine the legitimacy of the call.  
C) send a first responder engine company and paramedics.  
D) call the patient's insurance company for preapproval.

57) How do reports to the base physician differ for trauma and medical patients?

A) Medical reports describe a chief complaint while trauma reports do not.  
B) Only trauma patients require a description of the scene.  
C) Medical reports emphasize history; trauma reports emphasize injuries and exam findings.  
D) It is less important to include ETA for medical patients.

58) Immediate repetition of medical orders received during radio communications is known as the:

A) verification protocol.  
B) standard format.  
C) echo procedure.  
D) response algorithm.

59) Which of the following allows you to increase the amount of information you can quickly and efficiently write on your PCR?

A) Time stamps  
B) Acronyms and abbreviations  
C) Pertinent negatives  
D) Medical terms

60) You respond to a call and the police and fire departments are on the scene, as well as a physician. Which of the following should you mention in your PCR?

A) Police only  
B) Fire department only  
C) Police, fire, and the physician  
D) Fire department and the physician only
61) What is the patient's heart rate in the following narrative?

The pt. complained of CP x 2 days before calling EMS and is now also c/o SOB. Vitals BP 90/50, labored with retractions. Treated with O₂ and atropine. Upon arrival, the pt. reported feeling better.

A) 50  
B) 40  
C) 90  
D) Cannot be determined.

62) Which of the following patients does NOT require specialty center capabilities beyond that offered by a trauma center?

A) 25-year-old with amputation of three fingers  
B) 67-year-old with partial and full thickness burns over 50 percent of the body  
C) 22-year-old with bilateral open femur fractures  
D) 4-year-old with a closed head injury

63) A trauma center that is committed to special emergency department training and has a degree of surgical capability but that usually stabilizes and transfers seriously injured patients is a Level _______ trauma center.

A) I  
B) II  
C) III  
D) IV

64) Which of the following acts resulted in the development of modern EMS systems?

A) The Trauma Care Systems Planning and Development Act of 1990  
B) Highway Safety Act of 1966  
C) Ryan White Act  
D) Good Samaritan Act

65) Which of the following factors is NOT a consideration in the severity of injury related to falls?

A) The initial point of impact  
B) Landing surface  
C) Distance of the fall  
D) Wind resistance

66) Which of the following injuries is most likely to occur to the occupants of a vehicle struck from behind?

A) Head and neck injuries  
B) Lumbar spine injuries  
C) Pelvic fractures  
D) Thoracic and abdominal injuries

67) When inspecting the interior of a vehicle involved in a frontal collision, you note that the dash panel beneath the steering wheel is broken. Which of the following injuries does this indicate?

A) Fracture of the acetabulum  
B) Femur fracture  
C) Knee injury  
D) All of the above
68) Which of the following statements about low-velocity penetrating trauma is true?
   A) There is no pressure shock wave with a knife wound as there is with an arrow wound.
   B) Knives, arrows, ice picks, and similar weapons cause damage only in their direct path.
   C) Shorter knives and ice picks may be removed if they are left in the wound.
   D) More injuries are sustained from arrows than from knives.

69) Which of the following bullet characteristics would create the most damage?
   A) A full metal jacket
   B) "Mushrooming" or flattening on impact
   C) Lack of tumble
   D) A small profile

70) Which of the following is most important when assessing the damage done by a gunshot?
   A) The distance from the shooter
   B) The type of gun used
   C) Whether there was an upward or a downward trajectory when the bullet was fired
   D) The size of the bullet

71) Your patient is a 42-year-old male with multiple lacerations on his arms, head, and torso after falling through a plate-glass window. On your arrival, he appears to be unresponsive, lying prone on the sidewalk. Which of the following is the correct sequence of actions in caring for this patient?
   1. Control major hemorrhage.
   2. Take body-substance-isolation precautions.
   3. Check the area for broken glass before kneeling next to the patient.
   4. Turn him to a supine position.
   5. Open his airway.
   A) 2, 3, 4, 5, 1  B) 3, 2, 4, 1, 5  C) 2, 5, 1, 3, 4  D) 2, 3, 1, 4, 5

72) Pericardial tamponade would most likely result in which of the following types of shock?
   A) Obstructive  B) Distributive  C) Respiratory  D) Cardiogenic

73) Which of the following vessels has the greatest ability to change diameter?
   A) Capillaries  B) Arterioles  C) Aorta  D) Systemic arteries

74) Which of the following patients has an increased chance of wound infection?
   A) A 29-year-old male, one-pack-per-day cigarette smoker
   B) A 40-year-old male who has AIDS
   C) A 65-year-old female taking ibuprofen for arthritis
   D) All of the above
75) The most common type of trauma is:
   A) neurologic.  B) soft tissue.  
   C) musculoskeletal.  D) cardiovascular. 

76) The first stage of wound healing is:
   A) hemostasis.  B) neovascularization.  
   C) epithelialization.  D) inflammation. 

77) Cool-water immersion of a burned part effectively reduces burning only when done within which of the following time frames?
   A) The first 1 to 2 minutes  B) The first 24 hours  
   C) The first hour  D) The first 10 to 15 minutes 

78) Your patient has circumferential full-thickness burns of the thorax. He is intubated, and you have noticed an increase in resistance as you bag him. His skin is very tight and inflexible as you try to ventilate. Which of the following is required to improve this patient's ventilatory status?
   A) A cricothyrotomy  B) Needle thoracostomy  
   C) IV sedation to relax him and make bagging easier  D) An escharotomy 

79) Which of the following agents is indicated for pain control in a patient with 4.5 percent partial-thickness burns?
   A) Acetaminophen  B) Fentanyl  
   C) Paracetamol  D) Naproxen sodium 

80) One of the earliest indications that compartment syndrome is developing in an injured extremity is:
   A) increased pain.  B) tension in the limb.  
   C) loss of distal pulses.  D) ecchymosis. 

81) The use of PASG is indicated in the treatment of which of the following musculoskeletal injuries?
   A) Bilateral tibia/fibula fractures  B) Lumbar vertebral compression fracture  
   C) Pelvic fracture  D) Knee dislocation 

82) When assessing a long bone injury, you should assume you are dealing with a joint injury when the site of injury is within ________ inch(es) from the joint?
   A) 1  B) 2  C) 6  D) 3
Your patient is a 37-year-old male unrestrained driver of a vehicle. You find him with his upper body across the console and his head hanging down into the passenger's side floor board area. You note pooled blood from a scalp wound. After immobilizing him and loading him into the ambulance where you have more light for your examination, you note that he has a large, full-thickness avulsion of the scalp. The patient's heart rate is 112, respirations are 20, and blood pressure is 82/50. Which of the following statements about this patient is/are true?

1. The scalp wound itself cannot account for the patient's vital signs.
2. The scalp wound itself may account for the patient's vital signs.
3. The patient's vital signs are consistent with increasing intracranial pressure.
4. Nothing about the vital signs indicates increased intracranial pressure.

A) 2, 3  
B) 1, 4  
C) 2, 4  
D) 1, 3

A closed head injury may present with a set of signs known as Cushing's triad. All of the following are part of Cushing's triad EXCEPT:

A) Slowing pulse.  
B) Increasing blood pressure.  
C) Increasing respirations.  
D) Erratic respirations.

Your patient is a 12-year-old male who was struck in the right temporal area of the head with a baseball. He had a brief loss of consciousness and is alert on your arrival. You note that he is becoming drowsy and has a strong radial pulse of 60, a blood pressure of 140/70, and a respiratory rate of 12. Which of the following best describes this patient's condition?

A) He is serious, and he most likely has a subdural hematoma with an increase in intracranial pressure.  
B) He is critical, and he most likely has an epidural hematoma with rapidly increasing intracranial pressure.  
C) He is stable, and he most likely has a mild diffuse axonal injury with no increase in intracranial pressure.  
D) He is stable, and he most likely has a subarachnoid hemorrhage with no increase in intracranial pressure.

Which of the following spinal cord injuries is LEAST likely to result in residual neurological deficit?

A) Transection  
B) Contusion  
C) Laceration  
D) Compression

A spinal cord lesion that results in paralysis of both lower extremities is known as:

A) quadriplegia.  
B) hemiparesis.  
C) paraplegia.  
D) hemiplegia.

Which of the following is NOT included in the prehospital neurological examination of the patient with a potential spinal cord injury?

A) Finger abduction/adduction  
B) Hip flexion  
C) Wrist extension  
D) Plantar flexion
89) Which of the following has NOT been a factor in decreasing mortality due to thoracic trauma?

A) Firearm safety courses
B) Seatbelt laws
C) Passive restraint systems in motor vehicles
D) Improved design of firearms

90) Which of the following would occur in an untreated right tension pneumothorax?

A) Atelectasis of the left lung
B) Reduced cardiac output
C) Atelectasis of the right lung
D) All of the above

91) Your patient has been shot in the anterior right chest with a .38 caliber handgun. He has an exit wound just below the right scapula. Which of the following should you suspect?

A) Damage will be limited to the direct path of the projectile, making life-threatening injury unlikely.
B) Damage will be spread over a wide area, but it will not be severe.
C) Damage will be extensive due to the dissipation of energy causing compression and stretching of the tissues.
D) Damage will be limited to the direct path of the projectile, but the patient’s condition should still be considered life threatening.

92) The largest reserve of blood of any body organ is contained in the:

A) kidneys.
B) spleen.
C) liver.
D) pancreas.

93) Which of the following guidelines applies to prehospital fluid resuscitation of hypotensive patients with intra-abdominal hemorrhage?

A) IV access should be obtained using a saline lock, but fluid resuscitation is contraindicated in the prehospital setting.
B) In most cases, fluid administration should be limited to 3 liters of isotonic crystalloid solution.
C) Hypertonic saline or colloidal solutions are best for fluid resuscitation of patients with internal hemorrhage.
D) IV access is only necessary if the use of PASG fails to improve the patient’s clinical condition.

94) Which of the following can reduce the potential for abdominal injury?

A) Side-impact airbags
B) Proper placement of automobile lap belts in children
C) Proper placement of automobile lap belts in adults
D) All of the above
95) In which of the following events is the primary issue decreased lung perfusion?

A) Pulmonary edema  
B) Bronchospasm  
C) Pulmonary embolism  
D) Foreign body airway obstruction

96) A 19-year-old female with difficulty breathing produces a peak expiratory flow rate of 425, indicating:

A) normal ventilatory state.  
B) moderate bronchoconstriction.  
C) severe bronchoconstriction.  
D) mild bronchoconstriction.

97) Your patient is a 16-year-old male who attempted suicide. He is unconscious and apneic, lying supine on a garage floor. The family states they found the patient unconscious in the front seat of a car that was running in an enclosed garage. HR = 70, BP = 100/60, RR = 0. Which of the following is the most appropriate?

A) Remove the patient from the garage, initiate BVM ventilations with 100% oxygen, intubate, and transport to a hospital with a hyperbaric chamber.  
B) Intubate, remove the patient from the garage, and transport to a hospital with a hyperbaric chamber.  
C) Remove the patient from the garage, initiate BVM ventilations with 100% oxygen, intubate, and transport to nearest the facility.  
D) Remove the patient from the garage, intubate, and transport to the nearest hospital.

98) A 48-year-old male is sitting upright in bed and in respiratory distress. He describes an acute onset of difficulty breathing and chest pain during the night that has been worsening for the past 3 hours. He also complains of nausea. Pain is described as a substernal pressure radiating to his left shoulder. Physical examination reveals cool, diaphoretic skin, and rales on auscultation bilaterally. Medical history includes two prior myocardial infarctions. Medications include Zestril and metaprolol. HR = 132, BP = 140/100, RR = 25, SaO2 = 92%. Which of the following is NOT indicated?

A) Adenosine  
B) Morphine  
C) Promethazine  
D) Nitroglycerin

99) Which of the following does not affect cardiac output?

A) Preload  
B) Blood viscosity  
C) Stroke volume  
D) Venous return

100) The intrinsic firing rate of the AV node is ________ to ________ times per minute.

A) 60, 80  
B) 80, 100  
C) 20, 40  
D) 40, 60

101) A seizure that begins as an aberrant electrical discharge in a small area of the brain but spreads to include the entire cerebral cortex is a ________ seizure.

A) partial  
B) Clonic  
C) generalized  
D) Complex
102) All of the following may cause a transient ischemic attack EXCEPT:
   A) intracranial hemorrhage.  
   B) cerebrovascular spasm.  
   C) hypotension.  
   D) a small embolus.

103) Your patient is a 19-year-old female who is exhibiting generalized seizure activity. Her roommate states that she had a seizure that lasted about 3 minutes, remained unresponsive, and started having another seizure about 5 minutes after the first. The patient has peripheral cyanosis and copious oral secretions. Which of the following is of HIGHEST priority for this patient?
   A) Starting an IV and administering 5 mg of diazepam  
   B) Suctioning the airway, applying 15 liters per minute of oxygen by nonrebreathing mask  
   C) Starting an IV, administering succinylcholine, and intubation  
   D) Suctioning the airway, assisting ventilations with a bag-valve-mask device

104) Your patient is a 72-year-old male who presents conscious but lethargic, sitting in a chair. His son states that the patient "has been a bit slow lately," has been gaining weight, and would like him "checked out" at the emergency department. Medical history includes hypothyroidism and myocardial infarction. The patient has been compliant with his Synthroid and has nitroglycerin for use as needed. Physical examination reveals that the patient responds to verbal stimuli though is noticeably confused, has a large tongue, and has skin that is pale, cold, and doughy. His only complaint is constipation. HR = 60 and regular, BP = 112/80, RR = 10 and shallow, SaO₂ = 92%, temperature = 88°F via tympanic thermometer, blood glucose = 180 mg/dl. Your treatment of this patient should include:
   A) oxygen via nonrebreather mask 10 lpm, cardiac monitor, IV of warm NS 1-2 L, transport.  
   B) oxygen via nonrebreather mask 10 lpm, cardiac monitor, IV of NS KVO, transport.  
   C) oxygen via nasal cannula 4 lpm, cardiac monitor, IV of NS KVO, atropine 0.5 mg IV, transport.  
   D) oxygen via nonrebreather mask 10 lpm, cardiac monitor, IV of NS KVO, rewarm with heat blanket and/or heat packs, transport.

105) Which of the following pathologies would necessitate the careful preparation of an IV site due to skin fragility and increased risk of infection?
   A) Addison's disease  
   B) Cushing's syndrome  
   C) Graves' disease  
   D) Myxedema

106) Prehospital management of an unconscious patient with hypoglycemia should NOT include:
   A) administration of D50 IV.  
   B) administration of oral glucose.  
   C) BVM ventilations with 100% O₂ and an OPA.  
   D) administration of glucagon IM.
107) Which of the following statements about corticosteroid use in anaphylaxis treatment is TRUE?

A) Corticosteroids stabilize mast cell and basophil membranes preventing degranulation and histamine release.
B) Administration of high-dose corticosteroids results in peripheral vasoconstriction.
C) Corticosteroids can reduce the inflammation associated with anaphylaxis.
D) Corticosteroids can help reverse bronchospasm associated with anaphylaxis.

108) Which patient would benefit the most from the administration of Dopamine 2–20 mcg/kg/min IV?

A) A 22-year-old male with severe GI distress and dizziness on exertion after shellfish ingestion
B) A 48-year-old female with urticaria and dizziness after a bee sting and self-administration of an EpiPen
C) An unconscious 24-year-old in anaphylactic shock refractory to epinephrine and diphenhydramine
D) A 43-year-old female with angioedema and difficulty breathing after a wasp sting

109) Your patient is a 20-year-old male who is conscious, alert, and in severe distress. He describes a 3-day history of diffuse abdominal pain near his umbilicus that became sharp and migrated to his lower right quadrant this morning. He states that the pain became acutely worse 1/2 hour ago and that he is now lightheaded, nauseated, and has vomited numerous times. Physical examination reveals his skin to be cool, pale, and diaphoretic, and he will not let you palpate his abdomen. HR = 132, BP = 76/50, RR = 22, SaO₂ = 95%. Based on his clinical presentation, the most proper treatment, in addition to giving oxygen, would be:

A) IV of normal saline, fluid challenge, left lateral recumbent position, expedited transport.
B) IV of normal saline wide open, Trendelenburg position, rapid transport.
C) IV of normal saline, fluid challenge, supine position, expedited transport.
D) IV of normal saline wide open, left lateral recumbent position, phenergan IV, transport.

110) Your patient is a 24-year-old male complaining of a 1-week history of abdominal pain. He describes the pain as in the upper-right quadrant, dull, and reproducible with movement and palpation. He also describes a decreased appetite, weight loss, and clay-colored stool over the same period. Of the following, which is the most likely cause of his clinical condition?

A) Colitis  B) Pancreatitis  C) Acute hepatitis  D) Cholecystitis
111) Your patient is a 68-year-old male, supine in bed and unconscious with snoring respirations. The patient's wife states that he was complaining of bilateral flank pain for days and stopped producing urine yesterday. She also describes a rapid deterioration of his mental status and consciousness level over the past 24 hours. Medical history includes type I diabetes. Physical examination reveals cool, diaphoretic skin and slight edema to the face, hands, and flanks. Lung sounds are clear bilaterally. HR = 112, BP = 116/66, RR = 12 and shallow, \( \text{SaO}_2 = 92\% \). Which of the following is most appropriate?

A) Assist ventilations using supplemental oxygen, intubate, IV of normal saline at a keep-open rate.

B) Oxygen by nonrebreathing mask, administer 1 liter of normal saline intravenously.

C) Oxygen by nonrebreathing mask, IV of normal saline at a keep-open rate.

D) Intubate, ventilate with supplemental oxygen, IV of normal saline, 250 mL fluid bolus.

112) A dialysis center RN notes that Mrs. Smith is developing neurologic abnormalities during her hemodialysis. Of the following, which is the most likely cause of her neurologic abnormalities?

A) Hyperglycemia

B) Acute myocardial infarction

C) Accumulated blood urea

D) Hypotension

113) The primary goal with a patient who has been bitten by a pit viper is to:

A) administer antivenom.

B) administer oxygen.

C) remove the venom from the surrounding tissue.

D) slow absorption of the venom.

114) Your patient is a 24-year-old, 176-pound male who is alert and oriented 12 hours after ingesting thirty 500 mg tablets of Tylenol. Which of the following are the most likely complaints and/or findings?

A) Confusion, lethargy, and hyperthermia

B) Nausea, vomiting, weakness, and fatigue

C) Signs and symptoms of liver failure

D) Abdominal pain and oliguria

115) For a patient with hemophilia B, which of the following statements is TRUE?

A) The patient's father had hemophilia B, and the mother was unaffected.

B) The patient's mother was a carrier for the defective gene, and the father did not carry the defective gene.

C) The patient's father was a carrier for the the defective gene, and the mother did not carry the defective gene.

D) The patient's father had hemophilia B, and the mother was a carrier of the defective gene.
116) Prehospital treatment for a hemophiliac patient who is bleeding is to:
   A) provide aggressive IV therapy with isotonic crystalloids.
   B) administer IV colloid solutions.
   C) control bleeding with direct pressure.
   D) contact online medical control for factor VIII infusion.

117) A patient who has suffered prolonged cold exposure and presents no shivering, with dilated pupils, is most likely in:
   A) compensated hypothermia.
   B) moderate hypothermia.
   C) severe hypothermia.
   D) mild hypothermia.

118) A saturation diver repairing a deep sea oil platform rapidly ascends from 300 feet to the diving bell at 100 feet. He experienced an acute onset of dizziness and weakness. He has jugular venous distention and muffled heart sounds. HR = 102 and irregular, BP = 100/90, RR = 20. Which of the following is MOST likely?
   A) Pneumothorax
   B) Nitrogen narcosis
   C) Pneumomediastinum
   D) Arterial gas embolism

119) Which of the following is NOT a known transmission route for hepatitis B?
   A) Dialysis
   B) Tattooing
   C) Blood transfusion
   D) Insect bites

120) Which of the following is NOT a common pediatric viral disease?
   A) Pertussis
   B) Measles
   C) RSV
   D) Mumps

121) Which of the following statements about patient restraint is TRUE?
   A) Four point restraints should be used.
   B) Handcuffs are an acceptable choice for prehospital care.
   C) Restraints can be released once the patients are in control of themselves.
   D) Roller bandages for restraint do not cause neurovascular damage to the extremities as leather restraints do.

122) Which of the following best describes a state of disorientation or inability to easily make decisions?
   A) Confusion
   B) Delusion
   C) Neurosis
   D) Confabulation
123) Your patient is a 44-year-old female who is alert and in mild distress. She states that she had an acute onset of sharp, right lower quadrant abdominal pain last evening while having intercourse and that the pain has not subsided. She states the pain radiates to her lower back and rates it as a 5 on a scale of 1–10. Physical examination reveals tenderness with palpation to the lower right abdominal quadrant, and her skin is warm and dry. HR = 100, RR = 12, BP = 116/78. Her last menstrual period was 3 weeks ago, she had a tubal ligation 10 years ago, and she states she has several small fibroid tumors. Which of the following is the most likely diagnosis for this patient?

A) Pelvic inflammatory disease  
B) Ruptured ovarian cyst  
C) Mittelschmerz  
D) Ectopic pregnancy

124) Which of the following BEST explains why the use of an intrauterine device (IUD) increases the risk of developing pelvic inflammatory disease?

A) The absorbent cotton string of the IUD acts as a wick for bacteria to enter the uterus  
B) The use of a copper IUD weakens the user's immune system.  
C) Women with an IUD are more likely than other women to have multiple sexual partners  
D) An IUD abrades the endometrium, allowing microorganisms to invade the uterine wall.

125) Which of the following statements about the delivery of the placenta is TRUE?

A) It should be placed in a biohazard bag and brought to the ED with the patient.  
B) Gentle traction should be applied to the placenta to facilitate delivery.  
C) Transport should be delayed until delivery of the placenta is complete.  
D) Fundal massage is contraindicated until the placenta is delivered.

126) Your patient is a 32-year-old female who complains of the onset of contractions 45 minutes ago. She is 39 weeks pregnant, G3P2. She states that the contractions are 2 minutes apart but that her membranes have not ruptured. She is anxious and responds affirmatively when you ask if she feels an urge to move her bowels. Which of the following is most likely?

A) Preterm labor  
B) Stage one labor  
C) Imminent delivery  
D) Braxton-Hicks contractions

127) You are assessing a newborn who presents with respiratory distress, heart sounds auscultated over the right chest, and a small, flat abdomen. Which of the following is appropriate in his care?

A) Insertion of a gastric tube  
B) Ventilation via an automatic transport ventilator  
C) Elevation of the head and chest, endotracheal intubation  
D) Needle chest decompression
128) You have just assisted in the delivery of an approximately 4 kg newborn whose mother is a rather petite primapara. Upon assessment, you note that there is no spontaneous movement of the infant’s right arm, although he otherwise exhibits vigorous movement and has a 1-minute APGAR score of 9. Which of the following should you suspect?

A) Fractured clavicle  
B) Spinal cord damage  
C) Caput succedaneum  
D) Neonatal abstinence syndrome

129) Your patient is a 9-year-old female who was injured when her hand slipped into a hole in the ground while she was turning a cartwheel. She is upset and has an obvious deformity of her left humerus. She asks you if her arm is broken. Which of the following is the best response?

A) "I'm sure you'll be fine."  
B) "It looks that way, but an X-ray at the hospital will let us know for sure."  
C) "I think it may be badly bruised."  
D) "I can't tell you what I think. I'm not a doctor."

130) Which of the following may result from using oropharyngeal airways in pediatric patients?

1. Airway obstruction  
2. Hypoxia  
3. Soft tissue trauma  
4. Vomiting  
5. Bradycardia  

A) 1, 3, and 4  
B) 3 and 4  
C) 2, 3, and 4  
D) all of the above

131) Which of the following factors is NOT associated with diabetes in the elderly?

A) Diet  
B) Decreased physical activity  
C) Increased cellular resistance to insulin  
D) Increased production of insulin

132) Your patient is a 68-year-old male with a history of COPD. His son has called EMS today because his father is feeling weak and nauseated, has a headache, and is complaining of everything having a "yellowish tinge." The patient states he began taking a new medication for his irregular heart beat about a week ago. The cardiac monitor reveals atrial fibrillation with a ventricular rate of 40. Which of the following is the most likely cause of the patient's condition?

A) Digitalis toxicity  
B) Lidocaine toxicity  
C) A new onset of renal failure due to beta blocker toxicity  
D) A stroke due to the combination of atrial fibrillation and decreased cerebral perfusion secondary to bradycardia
133) Which of the following condition(s) is/are commonly seen in assailants involved in partner, child, and elder abuse?
   A) Financial hardship
   B) Close relationship with the victim and/or drug or alcohol abuse
   C) Abuse themselves
   D) None

134) Which type of questioning is appropriate when assessing the battered patient?
   A) Leading
   B) Direct
   C) Indirect
   D) Coaxing

135) Which of the following differentiates Fetal Alcohol Syndrome (FAS) from Down syndrome?
   A) FAS is genetic and Down syndrome is acquired.
   B) Down syndrome is a genetic disorder and FAS is a preventable disease.
   C) Children will “grow out” of FAS but not Down Syndrome.
   D) FAS can be reversed, while Down syndrome cannot.

136) Which of the following organ systems are affected by cystic fibrosis?
   A) Respiratory and integumentary
   B) Respiratory and digestive
   C) Circulatory and skeletal
   D) Digestive and circulatory

137) What has been the primary reason for the increase of home health care?
   A) Decrease in the number of available hospital beds
   B) Increased number of healthcare professionals
   C) Medicare rule changes
   D) Cost containment

138) You arrive at a nursing facility for a “respiratory distress” call. The frantic nurse says that a patient cannot breathe. You find a 72-year-old woman who has a feeding tube visible from her mouth. She cannot speak and is having trouble breathing. Your partner asks how long the tube has been in place, and the nurse says it was just placed by the visiting doctor about 10 minutes ago. The doctor has left the building. What is your best course of action?
   A) Gently remove the tube and assess lung sounds.
   B) Intubate the patient with the tube in place.
   C) Have the patient cough to dislodge the tube.
   D) Place the patient on a nonrebreather and prepare to transport.
139) For which of the following reasons is it important to distinguish between an asthma attack and a bronchospasm due to anaphylaxis?

A) Administration of diphenhydramine may be detrimental to the patient in anaphylaxis.
B) Administration of fluids is indicated in anaphylaxis, but not in asthma.
C) Administration of diphenhydramine may be detrimental to the patient having an asthma attack.
D) Administration of subcutaneous epinephrine will be detrimental to the asthmatic patient.

140) Your patient is a paramedic who was shot as she approached a residence on a call. The scene has been secured. Your patient is a 38-year-old female with one gunshot wound to the left side of her chest at the 5th intercostal space in the mid-axillary line. She is pale, cool, and awake but agitated. She is diaphoretic and complaining of pain in her left side and difficulty breathing. The patient’s EMT-B partner has applied oxygen by nonrebreathing mask and an occlusive dressing over the entry wound before your arrival. As you continue your assessment, the patient’s level of consciousness decreases. She responds to verbal stimuli. Her airway is clear, her respiratory rate is 8 per minute and shallow, her neck veins are flat, and her breath sounds are absent on the left side. The patient does not have a radial pulse, and her abdomen is nonguarded and nontender. Which of the following should you do first?

A) Rapid trauma assessment
B) Immediate needle chest decompression
C) Assist ventilations with a bag-valve-mask device
D) Start two large bore IVs of isotonic crystalloid solution

141) You are on the scene of an assault. While you quickly assess the patient, your partner is observing the scene for danger. This is called the _______ approach.

A) decoy  B) defensive  C) treat and distract  D) contact and cover

142) Which of the following incidents would be classified as an "open incident"?

A) A collapse of a grocery store roof during a heavy rain
B) A three-vehicle collision on a highway
C) A gas pipeline explosion along a stretch of rural road
D) People shot by a coworker at a factory

143) You respond to an outdoor gathering where a popular televangelist is holding a crusade. First-aid personnel at the gathering have reported that they have several people with “upper respiratory” problems. As you approach the first-aid tent, you notice several dead birds. This indicates which of the following types of terrorist attack?

A) Dirty bomb  B) Conventional  C) Chemical  D) Biological
144) Which of the following is the most effective way for EMS personnel to protect themselves against exposure to biological agents of terrorism?
   A) Use a HEPA mask
   B) Wear gloves
   C) Disinfect the ambulance
   D) Get immunized

145) An EMS organization can best determine which prevention activities to pursue by:
   A) reviewing national statistics of injury patterns.
   B) asking the community which types of programs they would like.
   C) using commercially prepared educational programs.
   D) conducting a community-needs assessment.

146) Which of the following is NOT an example of the paramedic’s responsibility for community involvement?
   A) Determining health and safety risks in the community
   B) Allowing citizens to vote on EMS protocols
   C) Making presentations at schools and community centers
   D) Teaching public CPR classes

147) Malfeasance, misfeasance, and nonfeasance are three types of:
   A) scope of practice.
   B) protocol.
   C) criminal acts.
   D) breach of duty.

148) Which of the following patients is most likely to be considered competent to refuse transport?
   A) A 44-year-old female who was found unclothed and fishing in a fountain at the mall
   B) A 20-year-old male who is alert and oriented, in no distress, but who states he stopped taking his lithium due to undesirable side effects
   C) A 33-year-old female who is alert and oriented but who made a nonlethal suicide attempt by taking 10 diphenhydramine tablets
   D) A possibly intoxicated 24-year-old male who threatened to break his wife’s neck if she tried to leave the house

149) The portion of the brain responsible for many involuntary reactions such as temperature regulation, sleep, water balance, and emotions is the:
   A) cerebellum.
   B) cerebrum.
   C) pons.
   D) diencephalon.

150) The combination of thrombin and calcium results in:
   A) prothrombin activation.
   B) platelet aggregation.
   C) fibrin clot formation.
   D) plasminogen release.
151) Which of the following is a response to histamine release?
   A) Increase in blood flow at the site of injury  
   B) Suppression of lysosomal enzymes  
   C) Release of leukotrienes  
   D) Decrease in vascular wall permeability

152) The attraction of leukocytes to the site of inflammation during degranulation is called:
   A) histocompatibility.  
   B) chemotaxis.  
   C) catabolism.  
   D) apoptosis.

153) Which of the following best describes the development of the sensory portion of the nervous system in infants?
   A) They have not yet developed an acute sense of pain.  
   B) They both feel pain and can localize the sensation to respond to it.  
   C) They can feel pain but cannot isolate the sensation to respond to it.  
   D) None of the above.

154) "Magical thinking" begins at _______ months.
   A) 12–18  
   B) 18–24  
   C) 24–36  
   D) 36–48

155) A larger-than-expected dose of adenosine may be necessary in patients regularly taking:
   A) amphetamines.  
   B) benzodiazepines.  
   C) Class I antiarrhythmics.  
   D) certain bronchodilators.

156) Administration of a medication to the right eye would be documented medically as administration to which of the following?
   A) o.u.  
   B) o.g.  
   C) o.s.  
   D) o.d.

157) What percentage of oxygen is delivered by a simple face mask?
   A) 60 to 80  
   B) 40 to 60  
   C) 80 to 90  
   D) 95 to 100

158) En route to the hospital, your patient says, "You know, I haven't had a date since my spouse died 6 years ago. Why don't you take down my phone number and call me?" Which of the following is an appropriate response?
   A) "It isn't that I don't find you attractive; I certainly do, but it isn't proper for me to have a personal relationship with a patient."
   B) "I'm sure you understand my situation. I'm here to provide you with medical care and transportation to the hospital. It isn't proper for me to have anything but a professional relationship with a patient."
   C) "I can't call you because of professional ethics, but my phone number is listed in the book."
   D) "That is an inappropriate request, and I expect that you'll not make any further suggestions that we might become personally involved."
159) Areas in the patient's current health status include all of the following EXCEPT:
   A) sleep patterns. B) home situation. C) past medical history. D) environmental hazards.

160) A 48-year-old female patient is complaining of arm pain. You inspect and palpate her arms and find no abnormalities. Your next step in the focused physical exam would be to:
   A) test deep tendon reflexes. B) evaluate the range of motion. C) immobilize the extremity. D) test for bilateral strength.

161) Your patient presents with audible stridor in the upper airway. Which of the following statements is true?
   A) Stridor is a sound that is referred from the lower airways.
   B) Stridor is not a sign of a serious problem.
   C) You must evaluate the history of the condition causing the stridor and the associated clinical signs.
   D) All causes of stridor can be managed in the same way.

162) The first step in critical thinking is to:
   A) form a concept. B) ascertain the chief complaint. C) determine statistically significant conditions. D) conduct a focused exam.

163) Which of the following is the most serious possible consequence of the improper use of medical terminology?
   A) It may give receiving hospital personnel a misleading impression of the patient's condition.
   B) It may lessen respect for paramedics by other health-care providers in general.
   C) It may make the sender of the message less credible.
   D) It may make the sender appear foolish.

164) When your patient refuses care and transportation, even though you have communicated to the patient that you feel it is necessary, the patient is refusing:
   A) against medical control (AMC). B) with poor judgment (WPJ). C) with informed consent (WIC). D) against medical advice (AMA).

165) A trauma system is based on the principle that serious trauma is a _______ disease.
   A) psychological  B) medical  C) surgical  D) trauma
166) In a motor vehicle collision, when the driver’s chest strikes the steering wheel, what produces injury next?

A) The heart continues its forward motion until it strikes the chest wall.
B) Unsecured objects in the vehicle become projectiles.
C) The steering column shears off, causing penetrating trauma.
D) The steering wheel deforms, causing blunt trauma.

167) Which two factors related to kinetic energy proportionately affect the damage a projectile will do?

A) Velocity and yaw  
B) Fragmentation and velocity  
C) Mass and fragmentation  
D) Velocity and mass

168) Which of the following is NOT a benefit of PASG?

A) Increasing peripheral vascular resistance  
B) Minimizing movement of the pelvis and lower extremities  
C) Decreasing the size of the vascular container  
D) An autotransfusion of up to 2000 ml of blood from the lower extremities

169) Which of the following best describes the skeletal muscle degeneration secondary to crushing trauma that causes the release of metabolic by-products?

A) Necrosis  
B) Rouleaux formation  
C) Myoglobinemia  
D) Rhabdomyolysis

170) A burn patient who has signs and symptoms of inhalation injury with associated respiratory compromise should be classified as:

A) critical  
B) serious  
C) moderate  
D) minor

171) Which of the following best describes the function of cancellous bone?

A) It contains yellow bone marrow.  
B) It reduces the weight of bones while allowing for support.  
C) Its dense, compact structure is well adapted to weight bearing.  
D) It acts as a growth plate in long bones.

172) Which of the following skull fractures are most common?

A) Linear  
B) Basilar  
C) Communited  
D) Depressed
173) Which of the following mechanisms is involved in neurogenic shock?

1. Unopposed vasodilation
2. Loss of innervation to the adrenal medulla
3. Decreased preload
4. Unopposed sympathetic tone

A) 1, 2, 3  
B) 1, 3, 4  
C) 1, 2, 3, 4  
D) 1, 3

174) Your patient is a 31-year-old female with blunt trauma to the chest. You noted a contusion over the sternum and, during transport, the patient develops ventricular tachycardia. She has a radial pulse and a blood pressure 110/60. Which of the following is the best course of action?

A) Perform a precordial thump.
B) Defibrillate at 200 joules, repeating at 300 joules and 360 joules as needed.
C) Administer an antidysrhythmic such as amiodarone or lidocaine.
D) Cardiovert at 100 joules, repeating at 200 joules and 300 joules as needed.

175) Your patient is an 18-year-old male who was slashed across the abdomen with a machete. He has a mass of omentum and small bowel protruding from the wound. Which of the following is your primary concern with this patient?

A) Covering the wound with a sterile, saline-moistened dressing covered by an occlusive dressing
B) Irrigating the exposed organs with sterile saline to remove debris, and gently tucking them back into the opening to keep them warm and moist and to prevent further contamination
C) Immediately covering the wound with an occlusive dressing, using your gloved hand if nothing else is available
D) Ensuring an open airway by anticipating vomiting, providing oxygen, keeping the patient warm, and monitoring for and treating shock

176) Your patient is a 44-year-old female, alert and oriented, in moderate distress, and complaining of difficulty breathing. She gives a 1-week history of fever and malaise, with shortness of breath developing 3 days ago. She also has left-sided chest pain with deep inspiration and a "phlegmy" cough. Physical examination reveals hot, pale, dry skin and rhonchi and rales throughout the left lung. The right lung sounds are clear. HR = 134, BP = 88/64, RR = 24, SaO₂ = 92%. She has a history of two previous myocardial infarctions and takes nitroglycerin as needed. Which of the following is the best course of prehospital management?

A) Oxygen via nonrebreathing mask 15 lpm, IV of NS with fluid challenge
B) Albuterol via nebulizer with 100% oxygen, IV of NS KVO
C) Endotracheal intubation, ventilation with 100% oxygen, IV of NS KVO, nebulized albuterol and Atrovent, corticosteroids IV
D) Oxygen via venturi mask 24–35%, nebulized albuterol and ipratropium, IV of NS KVO, IV corticosteroids
177) The pericardial sac normally holds about ______ mL of ______.
   A) 25, blood       B) 25, pericardial fluid
   C) 100 mL, blood   D) 1 to 2, pericardial fluid

178) Your patient is experiencing sharp, stabbing, right-sided face pain of his upper and lower lips, cheek, and round his orbit. This best describes:
   A) myoclonus.       B) torticollis.
   C) Bell’s palsy.    D) trigeminal neuralgia.

179) Which of the following best explains why, compared to type I diabetes, untreated type II diabetes typically presents with lower blood glucose levels in hyperglycemia and fewer metabolic disturbances?
   A) Patients with type II diabetes can take oral hypoglycemics.
   B) It is easier to comply with the oral hypoglycemic medications used to manage type II diabetes than the insulin used to manage type II diabetes.
   C) Patients with type I diabetes must use insulin to maintain adequate blood glucose levels.
   D) There is adequate insulin production in type II diabetes to allow for glucose use and prevent ketoacidosis.

180) Your female partner experiences an itchy, red rash on her hands that stops at the wrists after using a new brand of gloves your service purchased. The box the gloves came in indicates that the gloves contain latex. You note that your partner’s skin is warm, dry, and nondiaphoretic, that the rest of her body lacks rash or urticaria, and that her lung sounds are clear bilaterally. Other than the itchy rash, she has no complaint. HR = 88, RR = 12, BP = 122/80. Of the following treatments, which is the most appropriate?
   A) Oxygen via nasal cannula 4 lpm, cardiac monitor, IV of NS KVO, epinephrine IV, diphenhydramine IM, transport
   B) Diphenhydramine IM, transport
   C) Oxygen via nonrebreather mask 15 lpm, cardiac monitor, IV of NS KVO, epinephrine SQ, diphenhydramine IM, transport
   D) BLS transport to an ED for a checkup

181) A 46-year-old female alcoholic is hypotensive, in severe distress, complaining of dysphagia, and vomiting bright red blood. Of the following, which is the most likely cause of this patient’s clinical condition?
   A) Acute gastric ulcer perforation       B) Acute gastroenteritis
   C) Esophageal varices                   D) Hemorrhagic pancreatitis
182) All of the following symptoms are consistent with urinary tract infections EXCEPT:
   A) dysuria.
   B) difficulty beginning and continuing to void.
   C) passing hard, granular material in the urine.
   D) frequent urge to urinate.

183) Your patient is a 23-year-old male supine on a couch and unconscious. His friends state that they played a joke on him and slipped "a bunch of his roofies" into his beer. He has no medical history and takes no medications. Physical examination reveals his skin to be cool and dry and his pupils sluggish bilaterally. Based on the clinical exam, which of the following medications would most benefit this patient?
   A) Naloxone  B) Flumazenil  C) Haloperidol  D) 50% dextrose

184) A male will express hemophilia if he acquires ________ chromosome(s).
   A) defective X and Y  B) one defective X
   C) two defective X  D) one defective Y

185) The type of heat stroke that commonly presents in those with chronic illnesses and is characterized by hot, red, dry skin is:
   A) classic.  B) chronic.  C) exertional.  D) moribund.

186) Your patient is a 23-year-old male prisoner who is alert and oriented, complaining of general malaise. He describes a month-long history of weakness, joint pain, nausea and occasional vomiting, and anorexia. He has no medical history and takes no medications. Physical examination reveals clear lung sounds bilaterally; warm, dry skin; several prison tattoos; a firm liver; and jaundice to his sclera. Which of the following is most likely?
   A) HIV  B) Cirrhosis of the liver
   C) Fatty liver  D) Hepatitis B

187) Your patient is a 32-year-old female who is depressed and tearful after a fight with her ex-husband. Which of the following would NOT increase the risk of nor indicate an increased risk of the patient committing suicide?
   A) The paramedic has asked the patient whether she has thought of committing suicide.
   B) The patient has called her sister to come and get her dog.
   C) The patient has access to a method of suicide.
   D) The patient has had three or four glasses of wine since the fight.
188) Your patient is a 25-year-old female who is alert and complaining of fever and general malaise. She has had a fever for the past 2 days, along with bilateral lower quadrant abdominal pain and bloody vaginal discharge. Her last menstrual period was 2 months ago, G5P2, with an elective abortion 2 days prior. Physical examination reveals hot, moist skin and pain with palpation to the lower quadrants. HR = 110, BP = 108/64, RR = 14, SaO₂ = 97%. Which of the following is the most likely diagnosis for this patient?

A) Retained products of conception  
B) Cervical dysplasia  
C) Endometritis  
D) Menorrhagia

189) Your patient is a 25-year-old female who is 38 weeks pregnant and complaining of contractions. She states that she has been feeling contractions every 6-8 minutes for the past hour, has a crampy feeling in her lower abdomen, and is leaking amniotic fluid. She states that she has been receiving prenatal care and has been identified as high risk for placenta previa. HR = 100, BP = 122/76, RR = 18, SaO₂ = 99%. Which of the following is the most appropriate?

A) Start an IV of normal saline at a keep-open rate and consult with medical direction about administering terbutaline.  
B) Start a large-bore IV at a keep-open rate and monitor for active vaginal bleeding.  
C) Administer oxygen by nonrebreathing mask and start a large bore IV at 100 mL/hour.  
D) Administer oxygen by nonrebreathing mask.

190) You are called to the home of a 72-hour-old infant whose mother is concerned because the infant has been "vomiting after she eats." Based on this information, which of the following should you include in your history and physical assessment?

1. Asking whether the infant is "spitting up" or having forceful vomiting  
2. Checking the blood glucose level  
3. Asking whether there were any complications with the pregnancy or delivery  
4. Cardiac monitoring  
5. Assessing the fontanelles

A) 2, 3, and 4  
B) 1, 2, 3, 4, and 5  
C) 1, 2, 3, and 5  
D) 1, 3, and 5

191) Your patient is a 3-year-old female unresponsive from ingesting several tablets of a tricyclic antidepressant. You are transporting her to the nearest hospital, which is 30 minutes away. Due to the child's lack of gag reflex, you are preparing to intubate. Before attempting laryngoscopy, you should have an assistant ventilate the child with 100 percent oxygen for:

A) 1 minute.  
B) 2 minutes.  
C) 5 minutes.  
D) 30 seconds.
192) Which of the following are risk factors for depression and suicide in the elderly?

1. Death of friends and family members
2. Decreased serotonin levels
3. Chronic pain
4. Financial issues
5. Stress

A) 1, 4, and 5  
B) 1, 2, 3, 4, and 5  
C) 1, 3, and 4  
D) 1, 3, 4, and 5

193) You have responded to a residence for an injured child. The mother presents you with a 2-year-old boy crying loudly. She says he fell off the family playground equipment and won’t stop crying. You ask the boy what happened, and he points to the jungle-gym outside and cries more. You notice some 7–10 day-old bruises on his shins, but no other signs of injury. What impression could you form using your knowledge of child abuse?

A) The child indicates the same story as the mother, and children of that age tend to injure themselves playing.  
B) The child was obviously unsupervised and is probably abused.  
C) Continual crying is a sign of abuse, and so are the old bruises.  
D) There are some “warning signs,” and the police should be involved.

194) The inability of nerve impulses to reach the auditory center of the brain is called:

A) conductive deafness.  
B) audineural deafness.  
C) sensorineural deafness.  
D) cochlear imbalance.

195) You are on the scene of a motor-vehicle crash involving a van that carries patients to and from dialysis. The van has rolled over and, during the crash, the patient in the rear of the van sustained a nearly severed right arm. The patient is conscious, pale, and diaphoretic. He has an A/V shunt in the unaffected arm. Bleeding has been controlled to the best it can be, and immobilization is complete. What is your most prudent action regarding I/V access?

A) Now that the bleeding is controlled, there should be no need to access the shunt and risk its contamination.  
B) Cannulate the shunt; the patient is obviously decompensating due to blood loss.  
C) Call for a supervisor to make the decision to cannulate the shunt.  
D) Look for other sites for venipuncture, such as intraosseous.

196) Your patient is a 19-year-old female who had a syncopal episode but is alert and oriented on your arrival. She is in no apparent distress. Which patient assessment approach is appropriate for this situation?

A) Contemplative  
B) Indeterminate  
C) Improvisational  
D) Resuscitative
197) In situations where EMS personnel must decontaminate patients before the arrival of a hazardous materials team, you will most often employ a(n) ________ method.
A) one-step  B) eight-step  C) five-step  D) two-step

198) Which of the following is classified as a biotoxin?
A) Sulfur mustard  B) Organophosphates  C) Hydrogen sulfide  D) Ricin

199) As part of a healthy diet to control weight, you should:
A) reduce by half the serving size on a food label.  
B) eat low-calorie snacks.  
C) cut back on fluids.  
D) eat one "fast food" meal a day.

200) OSHA's development of requirements to be followed at hazardous materials emergencies is an example of ________ law.
A) legislative  B) constitutional  C) common  D) administrative

201) Hypercalcemia in the myocardium results in:
A) increased contractility.  B) increased irritability.  
C) decreased contractility.  D) decreased irritability.

202) Which of the following factors contributes to the development of disease conditions in a geriatric patient?
A) Pre-existing disease(s)  B) Inadequate nutrition  
C) Genetic predisposition  D) All of the above

203) Which of the following serves as a guideline for the expected weight of a 4– to 6-month-old child?
A) Doubled his or her birth weight  B) Tripled his or her birth weight  
C) Increased birth weight by 2 to 3 pounds  D) Gained at least 5 pounds

204) Which of the following is NOT one of the main sources of drugs?
A) Animals  B) Herbs  
C) Synthetic materials  D) Plants

205) Mr. Hinkley is a 46–year-old with a history of pancreatitis. He has had abdominal pain and vomiting for 24 hours. The ED physician requests that you initiate an IV for rehydration. You will be using a 15 gtt/ml infusion set to administer 250 ml of 5% dextrose in NS per hour. What drip rate (at gtt/minute) is needed to deliver the fluids at this rate?
A) 44  B) 100  C) 41  D) 63
206) During a respiratory assessment, the absence of breath sounds may indicate a:
   A) pneumothorax.          B) flail chest.
   C) pulmonary embolism.     D) bronchitis.

207) A 5-year-old child is introduced to you as Robert Smith. The proper way for you to address him is
   A) "Hey, little guy!"          B) "Hello, Mr. Smith."
   C) "Hi, Bobby."              D) "Hi, Robert."

208) All of the following encourage patient communication EXCEPT:
   A) asking the patient for clarification.
   B) maintaining eye contact throughout the interview.
   C) listening closely to everything the patient says.
   D) using sophisticated medical technology.

209) Nasal flaring is an indication of:
   A) respiratory distress.     B) cocaine abuse.
   C) rhinitis.                 D) epistaxis.

210) Evaluation of the pelvis in the rapid trauma assessment includes pressing on the symphysis pubis in which direction?
   A) Laterally                  B) Posteriorly
   C) Medially                  D) Inferiorly

211) Treatments that can be performed before contacting the medical-direction physician are known as:
   A) standing orders.          B) algorithms.
   C) protocols.                D) management plans.

212) You are giving a report to the base physician. After stating the patient's age, sex, and weight, you should next:
   A) give the patient's chief complaint.     B) relay treatments already rendered.
   C) request specific orders.                D) give the hospital the ETA.

213) You are allowed to share the information in patient charts with all of the following EXCEPT:
   A) medical professionals providing continuing care.
   B) law enforcement officials, in specific situations.
   C) other paramedics not on the call.
   D) third-party billing companies.
214) Which level of trauma facility stabilizes and prepares to transport trauma patients to a higher-level facility but does NOT necessarily have surgical capabilities?

A) I  B) II  C) III  D) IV

215) Which of the following mechanisms is most consistent with diffuse axonal injury?

A) High-velocity penetrating trauma from a gunshot wound
B) Direct trauma, such as from a blow to the head
C) Low-velocity penetrating trauma from an ice pick
D) Sudden acceleration from a lateral-impact motor vehicle collision

216) Which of the following increases a bullet's profile?

A) "Mushrooming" on impact
B) The use of rifling in the barrel of the firearm
C) Tumbling 180 degrees upon impact
D) A and C

217) When cells become hypoxic and the amount of carbon dioxide in them increases, reducing tissue pH, which of the following occurs to restore homeostasis?

A) Mast cells release histamine, resulting in dilation of capillary sphincters and an increase in tissue perfusion.
B) The precapillary sphincters open, increasing blood flow to the tissues. The postcapillary sphincters remain closed so that increased hydrostatic pressure forces lactic acid into the interstitial fluid, where it is buffered.
C) The sympathetic nervous systems constricts the capillary sphincters to prevent washout of the accumulated lactic acid.
D) Mast cells release serotonin, resulting in dilation of the capillary sphincters and an increase in tissue perfusion.

218) The tough, fibrous sheaths that bundle skeletal muscle are called:

A) tension lines.  B) erythema.  C) fascia.  D) lumens.

219) Most inhalation injuries in burn patients are due to which of the following?

A) Toxic inhalation  B) Thermal burns of the upper airway
C) Radiation burns of the airway  D) Thermal burns of the lower airway
220) A sprain is an injury best defined as which of the following?
   A) A violent muscle spasm that tears away a small piece of bone
   B) Muscle fibers that are stretched and torn
   C) Partial or complete tearing of the ligaments of the joint capsule
   D) Complete displacement of bone ends from their normal position, causing noticeable deformity

221) Which of the following are the two most important prehospital considerations for reducing secondary brain injury?
   A) Ventilation and administering corticosteroids
   B) Cervical spine immobilization and ventilation
   C) Ventilation and maintaining adequate blood pressure
   D) ICP monitoring and administering corticosteroids

222) A patient unable to extend the leg or flex the hip is most likely to have incurred an injury in which nerve plexus?
   A) Cervical
   B) Brachial
   C) Lumbar
   D) Sacral

223) Which of the following are the most commonly fractured ribs?
   A) 7–12
   B) 5–10
   C) 4–8
   D) 1–3

224) The suspicion of blunt abdominal trauma should be based primarily on:
   A) the patient’s complaint of abdominal pain.
   B) the mechanism of injury.
   C) the presence of contusions.
   D) distention of the abdomen on palpation.

225) Management of a patient who is hyperventilating should include:
   A) coaching the patient to hold breath.
   B) withholding oxygen.
   C) breathing into a nonrebreather mask that does NOT have 100% oxygen flowing to correct respiratory alkalosis.
   D) the administration of oxygen and "coaching" the patient to reduce the rate and depth of ventilations.
226) Excessive preload over time would lead to:

A) increased ejection fraction of the left ventricle.
B) strengthening of the left ventricle.
C) decreased capacity of the left ventricle.
D) weakening of the left ventricle.

227) Your patient is a 45-year-old female type I diabetic with a history of a nonhealing foot ulcer. On examination, you find that she lacks sensation in her foot. This is most likely due to:

A) claudication.
B) Brown–Sequard syndrome.
C) peripheral neuropathy.
D) Raynaud’s disease.

228) Which of the following is NOT a situation that is likely to precipitate Addisonian crisis in a patient with Addison’s disease?

B) The patient has adrenal insufficiency and initiates prednisone therapy.
C) The patient develops pneumonia.
D) The patient has a history of adrenal insufficiency and suffers chest trauma secondary to a fall.

229) Which medication would be the best choice for reducing the bronchospasm associated with anaphylaxis?

A) Solu-Medrol
B) Dexamethasone
C) Oxygen
D) Albuterol

230) Increased hepatic resistance to blood flow, as happens in cirrhosis, results in:

A) hepatic vein hypertension and hepatic vein aneurysm.
B) hepatic arterial hypertension and obstruction of the common bile duct.
C) portal vein hypertension and esophageal varices.
D) portal artery hypertension and ascites.

231) Your patient is a 68-year-old female who is conscious but confused, lying supine in bed without complaint. Her daughter states that the patient was recently diagnosed with a bladder infection and has been taking antibiotics. She also states that her mother has not produced urine for 2 days, during which she has become increasingly confused. Physical examination reveals swelling to the face, hands, and feet; cool and moist skin; and lung sounds that are clear and equal bilaterally. HR = 104, BP = 142/88, RR = 14, SaO2 = 96%. In addition to administering oxygen, which of the following courses of action is most appropriate?

A) IV of NS KVO
B) Cardiac monitor, 12-lead ECG, IV of NS KVO
C) IV of NS with 250 cc fluid challenge
D) IV of NS KVO, furosemide
232) All of the following medications help reduce hyperactivity secondary to amphetamine use EXCEPT:

A) benzedrine.  B) haloperidol.  C) diazepam.  D) lorazepam.

233) Of the following, which would be the most likely dysfunction experienced by a patient with multiple myeloma?

A) Decreased T cell production  B) Increased T cell production  C) Decreased parathyroid hormone secretion  D) Increased parathyroid hormone secretion

234) With a core temperature of 28°C (82.4°F), a patient will display all of the following signs or symptoms EXCEPT:

A) loss of consciousness  B) marked bradycardia  C) absence of reflexes and response to painful stimuli  D) decline in oxygen consumption and pulse

235) A 43-year-old former IV drug abuser presents with a 3-week history of fever, sore throat, diarrhea, and general malaise. He denies any PMH or meds. Physical examination reveals warm, dry skin; numerous purplish skin lesions; and lung sounds with mild rhonchi in the upper right lobe. HR = 104, BP = 118/70, RR = 14, SaO₂ = 97%. Based on these clinical exam findings, which of the following would you most likely expect to find with a continued exam?

A) Jaundice and hepatomegaly  B) Pupils dilated bilaterally and AMS  C) Splenomegaly and lymphadenopathy  D) Hepatomegaly and mitral regurgitation

236) Your patient is a 28-year-old male who tells you his hands and arms are turning green. He states that he was held captive by some people for a month and forced to make movies. While the patient is undoubtedly convinced he is turning green, you cannot see it. The patient's brother tells you that he has not been missing for the past month but that he has stopped taking his medication. Which of the following is MOST consistent with this situation?

A) Schizophrenia  B) Bipolar disorder  C) Schizotypal personality disorder  D) Acute dystonic reaction

237) You are called to the scene of a sexual assault. You are presented with a 19-year-old female who is withdrawn and sitting in a corner in her bedroom. Which of the following questions is appropriate to ask?

A) "Are you injured anywhere?"  B) "Why did you bring him home with you from the nightclub?"  C) "Do you know if you were penetrated?"  D) "What type of clothing were you wearing?"
238) A 33-year-old female who is 30 weeks pregnant is alert and complaining of steady, bright red vaginal bleeding that began a half hour ago. She denies pain and contractions, but states that she has had spotting "on and off" during her pregnancy. Which of the following is most likely?

A) Eclampsia  
B) Uterine rupture  
C) Abrupto placenta  
D) Placenta previa

239) Which of the following sets of vital signs is normal for a newborn?

A) HR 180, RR 30  
B) HR 190, RR 35  
C) HR 175, RR 60  
D) HR 125, RR 65

240) Which of the following anatomical differences dictate changes in airway management for the pediatric patient?

1. The occiput is disproportionally large.  
2. The face is small and has a flat nose.  
3. The trachea is softer and more flexible.  
4. The larynx is lower, at the level of the sternal notch.

A) 1, 2, 3, and 4  
B) 1 and 3  
C) 1 and 2  
D) 1, 2, and 3

241) Which of the following is NOT a factor in altered pharmacokinetics in the elderly?

A) Increased total body water  
B) Decreased renal function  
C) Slowed drug absorption from the gastrointestinal tract  
D) Decreased hepatic function

242) Which of the following is NOT a common sign of neglect in children?

A) Dirty, torn, and weather-inappropriate clothing  
B) Too few toys  
C) Severe diaper rash  
D) Malnutrition

243) Which of the following is the etiology of Down syndrome?

A) An abnormality of the brain  
B) Alzheimer’s trait  
C) Fetal Alcohol Syndrome (FAS)  
D) A chromosomal abnormality, specifically an extra chromosome
244) You have arrived on the scene of a “sick person” call. A man meets you and says his wife won’t stop crying and is acting hysterical. She gave birth to their daughter 3 weeks ago. She presents crying in a chair. The husband also states that she does not want to take care of the baby. She appears in no apparent need of emergency care. What is the best course of action?

A) Suggest to the husband that she could be suffering from postpartum depression and that he should contact his wife’s OB/GYN for guidance.
B) Tell the husband there is nothing EMS can do and that he needs to call the family doctor.
C) Explain to the woman that she needs to get herself together and take care of the baby or you will call child protective services.
D) Take the woman to the ER so she can get a prescription for antidepressants.

245) Your patient is a 24-year-old male who was struck just below the left scapula with a 3-inch-diameter metal pipe. He is awake but having difficulty breathing. His pulse is 112 at the radial artery, and his respiratory rate is 28 per minute and shallow. His breath sounds are present bilaterally but diminished on the left. He has a blood pressure of 108/68. The patient is coughing up bloody sputum. He has no other complaints, and a rapid trauma assessment reveals no other life-threatening injuries. Which of the following represents the best sequence of intervention for this patient?

A) Begin transport immediately; administer oxygen, 15 liters per minute by nonrebreathing mask, 2 large bore IVs of isotonic solution to maintain a systolic blood pressure of 120 mmHg or greater.
B) Oxygen, 10–12 liters per minute by nonrebreathing mask, 2 large bore IVs of normal saline solution at a keep-open rate, transport.
C) Oxygen, 15 liters per minute by nonrebreathing mask; begin transport; initiate 2 large bore IVs of lactated Ringer’s solution, wide open.
D) Oxygen, 10–12 liters per minute by nonrebreathing mask, begin transport; initiate 2 large bore IVs at a keep-open rate.

246) Which of the following may lessen the likelihood of EMS providers being mistaken for law enforcement officers?

A) Wearing a uniform that does not resemble that of area law enforcement
B) Not cooperating with law enforcement
C) Responding with lights, but not a siren
D) Wearing an EMS badge on the uniform

247) Which of the following is NOT a biotoxin?

A) HD
B) Botulimum toxin
C) SEB
D) Ricin
248) If you receive a copy of a valid DNR order after you have begun resuscitation attempts, you are ethically obligated to:

A) check the patient’s breathing and pulse before ceasing resuscitation efforts.

B) continue resuscitation attempts until the patient is transported to an emergency department.

C) continue resuscitation until ordered to stop by medical direction.

D) cease resuscitation efforts.

249) ______ is NOT a matter of civil law.

A) Marriage  B) Battery  C) Malpractice  D) Negligence

250) Which of the following situations would result in erythropoietin secretion?

A) Alkalemia  B) Hemophilia  C) CVA  D) Hypoxia
Answer Key
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2) B
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