

Northwest Community EMS System				
September 2024 CE: Altered Mental Status				
Credit Questions				
Name (Print):			EMS Agency:	
EMS Educator:				
Date submitted	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:			Date	

This packet should take 2 hours to complete – which earns the equivalent of the 2-hour live CE class.

Sources of information/ answers

The September CE PowerPoint presentation **is not required** to complete these questions. The presentation format was a game played in teams. All answers can be located within the NWCEMSS SOPs.

1. Crew found 30/F A+Ox3 laying on the floor of a hotel stating she fell although she doesn't remember it. Crew noted it was difficult to understand pt due to confusing speech. Pt had also urinated on herself. Staff reports pt was seen walking in the hallways 30 mins. prior.

Neuro assessment: Pupils reactive arm flaccid, unable to make a fist with R hand

Vitals: BP 100/78 (85), HR 70, pulse strong, ecg SR, RR 17 normal, SpO₂ 98%RA, EtCO₂ ND, bG 103

What are some of the possible primary impressions?

2. Per SOP, scene time for a suspected stroke pt should be limited to what? _____
3. What is the size, location, and maximum attempts allowed for IV access? _____
4. What 3 criteria must be met when transporting a suspected stroke pt to a CSC? _____

5. What are the 4 cortical signs of a LVO? _____

6. Dispatched for a sick person. Crew arrived to a 55/M A+Ox1 GCS 11 (withdrawals to pain, inappropriate words, spontaneous eye opening) and was only able to state his name. Father a poor historian but able to state pt has had flu like symptoms for the past 3 days.

Empty beer cans sprawled around apt and no medication bottles found. Neither patient nor father able to answer if pt has a past medical history.

Neuro assessment: Pupils sluggish, 7mm, Gait abnormal

Vitals: BP 88/42 (57) skin cool & dry, HR 100-125 strong & regular; ecg ST, RR 30; lungs clear, SpO₂ 94; EtCO₂ 14
 bG HIGH

What are some of the possible primary impressions?

7. What 3 symptoms must be present for a pt to be in DKA?

1. _____

2. _____

3. _____

8. Hyperglycemia is when the bG reading is commonly _____ or above?

9. Name 3 signs of dehydration?

1. _____

2. _____

3. _____

10. Name 3 signs of Acidosis?

1. _____

2. _____

3. _____

11. HHNS includes very high bG levels + _____ but no _____?

12. For a pt is DKA or HHNS how should EMS administer IV fluids?

13. Crew dispatched for unconscious/ fainting. Crew found a 14/F unconscious laying supine on kitchen floor with vomit near her. GCS 11 (eyes open to voice, inappropriate words, localizes pain). Brother states he came home to find pt in this presentation. No meds/hx/allergies that he is aware of. Crew notes smell of alcohol on pts breath. Brother confirms she consumed alcohol earlier with friends but unknow quantity.

Neuro: Pupils reactive

Vitals: BP 136/90 (105), HR 75, RR 16, SpO₂ 98% RA; EtCO₂ ND, bG 122

What are some of the possible primary impressions?

14. If AMS, seizure activity, or focal neurologic deficit is present, what additional assessment needs to be completed by EMS? _____

15. What are 4 signs of alcohol withdrawal symptoms?

1. _____

2. _____

3. _____

4. _____

16. EMS dispatched to nursing home for a sick person. Crew met 98/F A&Ox1 which is normal per staff as pt has a hx of Alzheimer's. NH staff state they noticed a decrease in mental status yesterday around 1800 hrs. (15 hrs. prior).

Vital signs: BP 108/70 (83), HR 68, RR 24-26; ecg A-fib, SpO₂ 98% RA, EtCO₂ 24, bG 126, Temp 97.8 F

NH staff state pt has been compliant with a recent antibiotic prescribed to her to treat a UTI.

What are some of the possible primary impressions?

17. After EMS has determined if there is a suggested or possible infection, what assessment is done NEXT in SOP?

18. What are the 3 qSOFA criteria?

1. _____

2. _____

3. _____

19. What are the SOP criteria for Sepsis AND treatment?

Define: _____

Treatment: _____

20. What are the SOP criteria for Septic shock AND treatment?

Define: _____

Treatment: _____

21. What are the pediatric qSOFA criteria? (*hint: Peds Sepsis SOP*)

1. _____

2. _____

3. _____

22. What is the medication/ dose/ frequency administered to a pt who is actively seizing?

23. What medication/ dose/ frequency should be considered for a pt who is violent and aggressive?

24. What must be observed/ documented q 5 mins after each dose of a controlled substance?

25. EMS called for the unconscious pt. Crew found 52/M pt unresponsive (GCS 7) w/ spontaneous breathing seated in chair leaning to right side. Family/friends were on scene of home stating pt was found unresponsive approximately 5 minutes prior to calling 911.

Less than 6 hours prior family spoke w/ pt who was complaining of significant clavicle/shoulder pain from a injury. Family also stated he has had an infection in his right foot for the past 5 months.

Neuro: Pupils sluggish

Vitals: BP 90/68 (75), HR 52 weak; skin clammy, RR 10 shallow, SpO₂ 84% RA; EtCO₂ 25, bG 57, Ecg A-Fib

What are some of the possible primary impressions?

26. If a hypoglycemic pt has a GCS of 14 or 15 and can safely swallow, what treatment may EMS consider?

27. If AMS and pt cannot swallow safely how is hypoglycemia treated?

28. What is the reason for giving glucagon and what is the expected onset?

29. How would EMS obtain a glucose reading on a newborn and what would be considered hypoglycemia for them? (*hint: Newborn Resuscitation SOP*)

30. EMS called for a sick person. Crew found a 66/F on carpeted floor, A+Ox2 with a GCS 14 (confused). Family stated they came to visit and found pt altered although she is usually alert, along with reporting an unwitnessed fall from the chair. Last seen normal (and off the ground) was 12 hours prior. Pt stated that she did not know how long she was on the floor from the fall. R shoulder tenderness.

Neuro: Pupils PERRL, CMS intact

Vitals: BP 78/52 (61); skin WNL, HR 130 irreg, Ecg A-Fib w/RVR, RR 18, SpO₂ 100% RA; EtCO₂ 8 square, bG 82

What is this pt at risk for based on the circumstances that led up to the 911 call?

31. This pt was found to have traumatic rhabdomyolysis due to the myoglobin release when pts tissue was compressed for so long on the ground, that went on to damage the kidneys. The other byproduct of crush syndrome is what (too much of what electrolyte)?
-
32. What is the immediate treatment for this specific patient?
-
33. What does AEIOUTIPS stand for? (*hint: AMS SOPS*)
- A
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34. Requested to the park for an unresponsive toddler. Upon arrival found 14-month-old laying on the ground on top of recycled mulch under a swing. The child appeared pale with cyanotic lips and shallow respirations.
- Mother present and states no known fall or injury. She only stepped away for less than a minute to assist a sibling down the slide.
- Neuro:** Pupils small and sluggish to react
- Vitals:** BP ND, HR 80; ecg SR, RR 12, SpO₂ 86% RA, bG 110
- What is this pt at risk for based on the circumstances that led up to the 911 call?
-
35. What criteria must be met to administer naloxone to a pt?
-
36. Does pupil size impact decision to give/ not give naloxone?
-
37. What is pediatric dose of naloxone? May EMS repeat?
-
38. What is the adult dose of naloxone and max dose prior to contacting OLMC?
-
39. Per Pediatric AMS SOP, what is the SpO₂ goal for pediatrics? _____
40. What is the BP goal for pediatrics? _____
- If below, how much IV fluid should be administered? _____