



McHenry Western Lake County EMS System

ALS Protocol Exam

SOP ROLL OUT

1. Which of the following is **NOT** an indication for Norepinephrine administration?
 - a) Severe hypotension in hypovolemic shock
 - b) Severe hypotension (MAP<60)
 - c) Vasodilatory Shock
 - d) Cardiogenic Shock

2. After Norepinephrine is initiated, how often should you monitor your patient's vital signs?
 - a) Every 2 minutes
 - b) Every 5 minutes
 - c) Every 10 minutes
 - d) Whenever you have time

3. In the event you observe a Norepinephrine infusion infiltration, select the proper steps to follow:
 - a) Stop the infusion, remove the angio catheter, call OLMC.
 - b) Stop the infusion, leave the angio catheter in place, call OLMC.
 - c) Stop the infusion, leave the angio catheter in place, call OLMC, show the nurse in hand off report the exact site of infiltrate. Document accordingly in-patient care report.
 - d) Stop the infusion, leave the angio catheter in place, call OLMC, apply cold pack. Show the nurse in hand off the exact site of infiltrate. Document accordingly in-patient care report.

4. The preferred vascular access site for a patient requiring the administration of Norepinephrine in an antecubital vein or IO site.
 - a) True
 - b) False

5. How should Norepinephrine be prepared?
 - a) Mix 4mg in1000mL of NS label the IV
 - b) Mix 6mg in1000mL of NS and label the IV
 - c) Mix 8mg in1000mL of NS and label the IV
 - d) Mix 10mg in1000mL of NS and label the IV

6. What is the initial dosage (adult) for Norepinephrine administration?
 - a) 4mcg/min, titrate to SBP \geq 90, MAP \geq 65
 - b) 6mcg/min, titrate to SBP \geq 90, MAP \geq 65
 - c) 8mcg/min, titrate to SBP \geq 90, MAP \geq 65
 - d) 10mcg/min, titrate to SBP \geq 90, MAP \geq 65

7. You are treating a patient with sepsis, what is the maximum amount of IVF indicated?
 - a) 10cc/kg
 - b) 20cc/kg
 - c) 30cc/kg
 - d) Run fluids wide open

8. What does SUD stand for in relation to EMS?
 - a) Sepsis updated diagram
 - b) Subjective units of discomfort
 - c) Substance use disorder
 - d) Something to do with soap

9. Per MWLC EMS petitions should be utilized?
 - a) True
 - b) False

10. You are called to the scene for a 54-year-old female for a “psych issue”. You try to determine if the patient can understand the potential consequences regarding medical care. What should you do to help determine decisional capacity and risk?
 - a) Call the crisis line
 - b) Call OLMC
 - c) Utilize the decisional capacity and risk assessment
 - d) Fill out a petition

11. When treating a pediatric patient for anaphylactic shock, what is the Epinephrine dose?
 - a) Epinephrine 1mg/1mL 0.01mg/kg over 1 minute
 - b) Epinephrine 1mg/10mL 0.01mg/kg over 1 minute
 - c) Epinephrine 1mg/10mL 0.01mg/kg over 2 minutes
 - d) Epinephrine 1mg/10mL 0.01mg/kg over 10 minutes

12. Epinephrine should be administered every 4-6 minutes when a patient is in cardiac arrest.
- a) True
 - b) False
13. Per MWLC EMS the **maximum** amount of Ketamine that can be administered to a patient for sedation is?
- a) 100mg
 - b) 150 mg
 - c) 200 mg
 - d) 300mg
14. Any patient that has received Ketamine, regardless of dose should have V/S, ECG, EtCO₂ and a GCS documented before administration and at least 5 min after.
- a) True
 - b) False
15. Ketamine is an appropriate medication for which of the following patient populations?
- a) pediatrics, asthmatics, septic shock
 - b) pediatrics, pregnancy, septic shock, asthmatics
 - c) Increased or suspected increased intracranial pressure, pediatrics, acute cardiac infarction and heart failure
 - d) Increased or suspected increased intracranial pressure, pregnancy, acute cardiac infarction and heart failure
16. Which of the following is the initial correct dose for Narcan administration?
- a) 1mg may repeat every 30 seconds
 - b) 1mg may repeat every 1 minute
 - c) 1mg may repeat every 2 minutes
 - d) 1 mg every 5 minutes
17. Which of the following is the correct **maximum** dosage for Narcan administration?
- a) 2mg
 - b) 4mg
 - c) 6mg
 - d) There is no maximum amount

18. Which of the following are possible indications for intubation?
- a) Cardiac arrest after IV/IO and Epinephrine administration
 - b) Impending ventilatory failure
 - c) Inability to ventilate/oxygenate effectively with BLS airways and BVM
 - d) All the above
19. The airway management technique which provides the highest oxygen delivery and maximal protection from aspiration is:
- a) Mouth to Mask
 - b) Bag-Valve-Mask
 - c) King LT-D
 - d) Endotracheal tube (ET)
20. You are called to the scene for well-being check. Your patient is a 57-year-old man who is clenching his chest complaining of pain. His breathing is labored, he can tell you the pain has been consistent for the past several hours. His only history is an enlarged prostate. As you place the patient on the monitor, he goes into V-Fib. Your immediate intervention(s) should include?
- a) High quality CPR for 2 minutes and prepare to intubate
 - b) Defibrillate immediately at device specific and hold ventilations for 3 minutes
 - c) Defibrillate at device specific and bag via BVM at 12
 - d) Start an IV/IO and administer Epinephrine
21. Which of the following is the correct priority order for ALS interventions when managing a patient in cardiac arrest?
- a) Advanced airway, IV/IO, Epinephrine
 - b) IV/IO, Epinephrine, advanced airway
 - c) BVM, advanced airway, Amiodarone
 - d) There is no correct order