

NOTE: Please select the most appropriate answer based on the Westchester Regional On-Line Medical Control Physician (OLMC) Regional System Overview, as well as current regional and state EMS protocols and policies.

1. A Paramedic has contacted the ER to advise that EMS is transporting a patient involved in motor vehicle collision. The patient is a 33 year old female who was unrestrained in the accident and struck her chest on the steering wheel. The Paramedic describes the patient as confused and having a GCS of 12. He further states that she is having difficulty breathing. Her respiratory rate is 26 breaths per minute and an instability to the left chest wall has been noted, although her pulse oximetry on RA is trending as 98-99%.

In accordance with protocols, this patient should be transported to which medical facility?

- a. The closest hospital
 - b. The closest Level I or Level II trauma center, preferentially the highest in the system
 - c. A Level I trauma center
 - d. Any regionally approved EMS receiving hospital
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2. Per New York State Public Health Law Article 30, the Regional Emergency Medical Advisory Committee (REMAC) is responsible for:
 - a. Coordinating the development of the regional medical control system and defining the roles/responsibilities of REMAC physicians, including educating and credentialing physicians to provide online medical control.
 - b. Developing medical control policies / procedures / protocols for EMS dispatch, triage, treatment and transport consistent with current standards.
 - c. Developing and implementing research projects and studies in conjunction with a regional QI program.
 - d. All of the above

3. Which of the following constitutes the minimum standard for pre-hospital confirmation of proper placement of an ET tube?
- a. Auscultation of bilateral breath
 - b. Waveform capnography
 - c. Quantitative ETCO₂ monitoring
 - d. Utilization of all of the above constitute the minimum standard
4. A Paramedic wishes to provide pain management to a 85kg patient who has suffered burns. Which of the following requires permission from Medical Control?
- a. Morphine sulfate, 0.05mg/kg IV or 0.1 mg/kg IM, may be repeated once to a maximum of 10 mg
 - b. Ketamine, 25mg IV or 50mg IM
 - c. Nitrous oxide by self-administered inhalation
 - d. Fentanyl, 1-1.5mcg/kg IV, IN or IM, may be repeated once to a maximum of 200mcg
5. A Paramedic has contacted Medical Control and advised that he is treating a 45 year old male who is complaining of palpitations without chest pain. Physical assessment was unremarkable, but the ECG revealed supraventricular tachycardia.

Which of the following treatments requires permission from Medical Control in a “stable” patient?

- a. Cardioversion
- b. Vagal Maneuvers
- c. Adenosine 6mg IVP, followed by 12mg if ineffective
- d. Routine medical care, 12 lead ECK, IV, oxygen therapy as indicated

6. CPR and ALS treatment may be withheld by EMS for the following reasons. The patient:
 - a. is pulseless and apneic after significant blunt or penetrating trauma.
 - b. has been submerged in water of any temperature for over an hour.
 - c. has a valid MOLST or DNR.
 - d. has any of these answers.

7. Communicating via radio or in person with EMTs and paramedics currently providing care to an ill or injured patient is considered to be:
 - a. In-Direct Medical Control
 - b. Off-line Medical Control
 - c. On-line Medical Control
 - d. Agency Medical Director

8. Which of the following is true regarding pain management and sedation in the NY Collaborative protocols?
 - a. Morphine, Fentanyl and Ondansetron are available on standing order for pediatric and adult pain control
 - b. Ketamine and Ketorolac are only found under Physician Options (OLMC)
 - c. Opioids and Benzodiazepines may not be used together without consultation with a Physician
 - d. All of the above

9. The police are asked by a family member to check on the welfare of an elderly resident who had not been reachable by phone for the last 3 hours or more. Upon their arrival the police find the resident in the kitchen unresponsive and without a pulse and immediately request EMS. The police officers begin CPR and place their AED on the patient and receive a “no shock advised” message. Upon the arrival of EMS a couple of minutes later, the EMTs notice when they attempt to insert an OPA that the patient’s jaw and neck are stiff and that there is pronounced lividity to the backs of her legs and torso. The EMTs halt the compressions being performed by the police. They advise the police to contact the Medical Examiner’s Office and inform them that the patient has been pronounced dead.

Based on the above information, the EMTs’ decision was:

- a. Appropriate because the EMTs recognized the signs of obvious death
 - b. Inappropriate because the EMTs didn’t continue CPR
 - c. Appropriate because the police tried CPR
 - d. Inappropriate because a physician didn’t pronounce death
10. Paramedics respond to a local pizza parlor for a child having difficulty breathing. Upon arrival they find a 17 year old male with a history of asthma in acute respiratory distress. The patient does not have a rescue inhaler with him. Per protocol the paramedics administer 2.5 mg nebulized albuterol. Within 5 – 10 minutes after the medication is administered, the patient states he feels much better and does not want to go to the hospital. The paramedic cannot have the patient sign the RMA because:
- a. The patient received medications.
 - b. The patient has not spoken with a Medical Control physician
 - c. The patient is a minor
 - d. The patient’s peak flow hasn’t been taken

11. For agitated patients, Paramedics can do all of the following before calling On-Line Medical Control EXCEPT:

- a. Attempt to de-escalate the situation without using physical or chemical restraints
- b. Administer Versed IM
- c. Apply soft restraints
- d. Haldol IM

12. Paramedic treatment for adult Acute Asthma exacerbations include which of the following:

- a. Dexamethasone PO, IM or IV
- b. Albuterol and Atrovent via nebulizer, maximum of three (3) treatments
- c. Magnesium IV
- d. Epinephrine IM
- e. All of the above

13. To obtain and maintain On-line Medical Control Physician credentials in the Westchester Region, a physician must:

- a. Be employed by a regionally designated Medical Control or Special Resource Hospital
- b. Hold a current New York State MD or DO license
- c. Successfully complete a written MC test based on the Paramedic Protocol exam (80% or better)
- d. All of the above

14. You have just received a pediatric patient in status epilepticus. You should expect the following to have been done in the field by the Paramedic:
- Ativan IV
 - Versed IM, IN, IV or IO
 - Ketamine IV
 - Magnesium Sulfate IV
15. While treating an ST Elevation MI, a paramedic requires permission from On-Line Medical Control to bypass the closest facility and transport to a (further away) PCI center?
- True
 - False
16. Which of the following medications are Standing Order for a Paramedic treating an adult presenting with symptomatic bradycardia:
- Atropine 0.5mg IV
 - Transcutaneous pacing
 - Normal Saline up to 2L if no concern for pulmonary edema
 - All of the above
17. In order to use the General: Procedural Sedation protocol for intubation, a Paramedic must first contact On-Line Medical Control?
- True
 - False

18. When treating a pediatric patient, a Paramedic should only establish vascular access if the patient...
- Is over 25 lbs
 - Has a previously diagnosed condition
 - Requires IV/IO fluids or medication
 - Is not scared of needles
19. When treating a pediatric cardiac arrest, a Paramedic must contact On-Line Medical Control prior to administering which of the following medications?
- Epinephrine 1:10,000 0.01mg/kg IV
 - Amiodarone 5mg/kg bolus IV
 - Oxygen via BVM
 - Lidocaine 1mg/kg IV
20. When is naloxone indicated on standing order in a suspected opioid overdose?
- Whenever the patient is very combative.
 - When the patient is exhibiting hypoventilation.
 - Whenever the patient took fentanyl and heroin together.
 - Only after a finger stick blood glucose level is checked.
21. When treating a patient with chest trauma, which of the following interventions can be done on standing orders?
- Needle decompression if signs and symptoms of tension pneumothorax, including hemodynamic compromise.
 - Occlusive dressing in the presence of a sucking chest wound .
 - If the patient is in cardiac arrest, proceed with bilateral needle chest decompression and refer to appropriate arrest protocol .
 - All of the answers can be performed under standing order.

22. Of the two protocols for agitated patients, Protocol 2-4 is written for the patient that is mildly agitated, while 2-18 was written for patients who are extremely combative and are at are risk of causing physical harm to emergency responders, the public, and/or themselves.
- True
 - False
23. An adult patient is actively seizing. According to standing orders what options do paramedics have for administering Midazolam (Versed) ?
- Midazolam (Versed) 5 mg IV, IM
 - Midazolam (Versed) 5 mg IV, IM, IN; may repeat X 2 in 10 minutes
 - Midazolam (Versed) 5 mg IV, IM, IN; may repeat X 1 in 5 minutes
 - Midazolam (Versed) 2.5 - 5 mg IV, IN
24. The recommended dose of norepinephrine per infusion for cardiogenic shock is:
- 2 mcg/min titrated to 20 mcg/min
 - 1 mg in 100 mL normal saline, at 5 mcg/min
 - 10mg IV bolus
 - 0.5 mg IV every 3 min, up to a max of 3 mg

Answer Sheet

Physician Name: _____

Test Date: _____

Primary Hospital: _____

License #: _____

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*New OLMC providers must include a completed application and a copy of medical license and drivers license.