Alternate Staffing (1:1) Program
Post Test
(INSTRUCTOR)

1. **The 1:1 transport team is called to a doctor's office to transport a 78-year-old female (weight 65 kg.) who is complaining of abdominal pain for approximately 3 hours. She is pale but warm and dry. She states that the pain is in her lower abdomen and is cramping. She has diarrhea and vomiting and thinks it is related to something she ate for lunch. She has a history of heart problems and takes digoxin. She has no allergies.**

LOC:	*A / O x 4*
VS:	*R 22 clear; P 84 irregular; BP 170/90*
Secondary:	*Abdomen is distended but soft. Bowel sounds are auscultated.*
EKG:	*NSR observed when monitor applied*

   a. **Is base hospital contact required per Reference No. 1200.2?**
   No – refer to Treatment Protocol (TP) 1205, GI/GU Emergencies
   (Not unless indicated e.g. s/s of shock or need for additional medications)

   b. **Who is required to make base hospital contact, if needed: the paramedic or the EMT-I?** *The paramedic must make base contact.*

   c. **Can she be transported to a hospital 30 minutes away?**
   Her vital signs do not indicate that she is in shock. She is awake and alert and her abdomen is soft. Unless there is a significant change in her condition, she could be transported to the hospital of her choice. If unsure – contact the base hospital for direction.

   d. **Describe the actions of the EMT:**
   The EMT should obtain vital signs (BP, HR, RR, and Spo2). He/she should use pulse oximetry to guide oxygen therapy. The desired SpO2 for most non-critical patients is 94% - 98%. Document pulse oximetry reading *(if needed, a cannula will be tolerated better than a mask since she is vomiting) and place her on the cardiac monitor (run a rhythm strip). The EMT-I should be familiar with receiving hospitals along the route in case she suddenly deteriorates. The EMT should ensure that all the patient's belongings are given to the receiving hospital.*

   e. **Describe the actions of the paramedic**:
   Document the patient's signs/symptoms, vital signs and heart rhythm (attach rhythm strip). Consider 12 lead EKG. Monitor her condition enroute and document vital signs at regular intervals. Cardiac problems can present as abdominal pain; therefore, close observation is essential.

2. You are dispatched to an urgent care center. The patient is a 74-year-old male (weight 80 kg.) with abdominal pain. He states the pain started while he was at rest and that it radiates to his lower back. He has a history of COPD and states that he is no more short of breath than usual.

LOC:	*A/O X 4*
VS:	*R 22 GTV; P 100; BP 120/64*
Secondary:	*Skin cool and slightly diaphoretic*
EKG:	*Sinus tachycardia observed when monitor applied*

a. **Is base hospital contact required per Reference No.1200.2?**
No - refer to TP 1205, GI/GU Emergencies. It does not require base contact for abdominal pain if there are no signs/symptoms of shock. He is not complaining of shortness of breath and his breathing is normal (for him).

b. **Should this patient receive Oxygen? If so, at what flow rate?**
Only as needed to titrate SpO2 to 92% (MCG 1302). He has a history of COPD but his breathing is normal for him.

c. **Describe the actions of the EMT-I:**
The EMT should obtain vital signs (BP, HR, RR, and Spo2). He/she should use pulse oximetry to guide oxygen therapy and place him on the cardiac monitor (run a rhythm strip). The desired SpO2 for most COPD patients is 88 - 92% per MCG 1302. The EMT-I should be familiar with receiving hospitals along the route incase he suddenly deteriorates. The EMT should ensure that all the patient's belongings are given to the receiving hospital.

d. **Describe the actions of the paramedic:**
Document the patient's signs/symptoms, vital signs and heart rhythm (attach rhythm strip). Perform 12 lead EKG. Monitor his condition enroute and document vital signs at regular intervals.

e. **Who is responsible for completing the EMS Report form?**
The paramedic is responsible for completion of the EMS Report form and ensuring that all transport documents are received by the receiving facility.

3. When setting up a patient to perform a 12 lead EKG, the limb leads should be placed on the patient's torso.

a. True

b. False - The upper limb leads should be placed distal to the deltoid so they are actually on the limb.

4. The 1:1 transport team is called to an emergency department to transport a 3-year-old male (weight 19 kg.) with a high fever to another hospital for admission to the pediatric ward. He has had a fever for 2 days and the mother states that she was holding him when he stiffened and rolled his eyes back. This episode apparently lasted for about 1 minute. The child is awake and alert and seems to be responding appropriately for his age.

LOC:	*Awake / alert*
VS:	*R 24 GTV; P 146; BP 90/70*
Secondary:	*Skin hot and dry*
EKG:	*Sinus Tachycardia when monitor applied*

a. **Is it an EMTALA violation for this child to be transported?**
No, as long as the sending hospital has made appropriate arrangements with the receiving hospital, and he has been stabilized sufficiently for transport.

b. **Can the paramedic drive while the EMT-I sits in the back with the mother and child?**
No. The paramedic is responsible for patient care and observation during the transport.

c. **Describe the actions of the EMT-I:**
The EMT should obtain vital signs (BP, HR, RR, and Spo2). He/she should place him on the cardiac monitor (run a rhythm strip). The EMT-I should be familiar with receiving (EDAP) hospitals along the route in case the child's condition suddenly deteriorates. The EMT should ensure that all the patient's belongings are given to the receiving hospital.

d. **Describe the actions of the paramedic:**
Document the patient's signs/symptoms, vital signs and heart rhythm (attach rhythm strip). Monitor his condition enroute and document vital signs at regular intervals. Provide field care per TP 1231-P, Seizure or possibly TP 1204-P, Fever/Sepsis if needed enroute.

e. **If the patient required medication during transport, what would the paramedic use to determine the dosage?**
The paramedic should refer to MCG Reference No. 1309, Color Code Drug Doses – L.A. County Kids for dosing of medications

5. You are called to an urgent care to transport a 27-year-old female (weight 76 kg.) who is 8 months pregnant. She is complaining of abdominal pain with heavy vaginal bleeding and cramping. She has received regular prenatal care and has no apparent complications. She is requesting to go to her perinatal center, which has an ETA of 20 minutes. There is no bulging or signs of imminent delivery.

LOC:	*A / O x 4*
VS:	*R 22 GTV clear; P 108 regular; BP 88/64*
Secondary:	*Warm and dry*
EKG:	*Sinus tachycardia when monitor applied*

a. **Is base hospital contact required per Reference No. 1200.2?**
Yes. Reference No. 1200.2, requires base contact for pregnancy > 20 weeks with vaginal bleeding. The paramedic should communicate to the base hospital that the patient has received prenatal care and is requesting to go to the receiving facility where her gynecologist is expecting her.

b. **Describe the actions of the EMT-I:**
The EMT should obtain vital signs (BP, HR, RR, and Spo2). He/she should use pulse oximetry to guide oxygen therapy. The desired SpO2 for most non-critical patients is 94 - 98%. Place pt. on the cardiac monitor (run a rhythm strip). The clinic has not started an IV; therefore, the EMT-I should assemble the IV equipment if requested to do so. The EMT-I should be familiar with receiving hospitals along the route.

c. **Describe the actions of the paramedic:**
Document the patient's signs/symptoms, vital signs and heart rhythm (attach rhythm strip). Monitor her condition enroute and document vital signs at regular intervals. Refer to TP 1217, Pregnancy Complication.

d. **While enroute to the hospital, the transport team observes a traffic collision. What is their obligation?**
The crew is already committed to the patient they are transporting; therefore, they should ensure that the jurisdictional 9-1-1 provider is responding and continue with their transport.

6. You are called to an urgent care for a 59-year-old female (weight 100 kg.) with symptoms of nausea and vomiting x 1 hour. She states she has a history of diabetes. The clinic has established an IV 22 g in the right antecubital, but the patient has not received O_2 or medications. There is no monitor or EKG machine attached. The patient denies any medical history.

LOC:	*A / O x 4*
VS:	*R 28 clear; P 84 irregular; BP 178/90; BS 220*
Secondary:	*Skin cool, slightly jaundiced; abdomen appears distended*

a. **Is base hospital contact required per Reference No. 1200.2?** No
No. As long as the patient remains stable for transport

b. **During transport, the patient develops severe chest pain 7/10 radiating down their left arm. Should base contact be made?**
Although this patient has been evaluated at the clinic, she is having chest pain and has not received O2 or medications. The Paramedic may treat the patient based on TP1211, Cardiac Chest Pain. The base hospital should be contacted based on 1200.1 where "consultation with the base hospital would be helpful". The base hospital will determine the appropriate destination for this patient based on the severity of symptoms and his response to treatment.

c. **Describe the actions of the EMT-I:**
The EMT should obtain vital signs (BP, HR, RR and Spo2). He/she should administer Oxygen and place him on the cardiac monitor (run a rhythm strip). The paramedic may need to restart the IV – the EMT-I should assemble the IV supplies if requested. The EMT-I should be familiar with the location of receiving hospitals and ensure that the patient belongings accompany the patient.

d. **Describe the actions of the paramedic:**
Document the patient's signs/symptoms, vital signs and heart rhythm (attach rhythm strip). Perform 12 lead EKG. Administer treatment based on TP 1211, Cardiac Chest Pain (ASA, Nitroglycerine, Morphine or Fentanyl). Monitor her condition enroute and document vital signs at regular intervals. A positive STEMI EKG finding would indicate transport to the closest SRC, using MCG 1303 for Cath Lab activation. Communicate with the base hospital.

e. **Can this patient be transported to a hospital that is 30 minutes away?** (there are 3 other hospitals within 10 - 15 minutes): *The base hospital will determine the destination based on the severity of the symptoms and his response to treatment.*