

The test is 50 questions, typically with the following approximate distribution: 1200 series – 20 questions, 1300 series – 10 questions, 500 series – 10 questions, 800 series – 10 questions. There may be a few questions from other policies as well. Emphasis is on the more common emergencies EMS will encounter. Below are the testing points for many of the questions in the question bank organized by policy.

The questions test the learner's knowledge in the following areas:

500 series

502

- The definition of the Most Accessible Receiving Facility (MAR).
- When it is appropriate to bypass the most accessible receiving facility (MAR) including consideration of drive times.

506

- The trauma triage criteria, guidelines, and special considerations.
- Trauma triage criteria and destination policies for pediatric patients.
- The appropriate destination for patients with a tourniquet.
- The maximum allowable transport times to per specialty center destination policies.

508

- The legal obligations to report sexual assault in California, including how, when and to whom to report.
- The importance of the Sexual Assault Response Team (SART) evaluation for victims of sexual assault and which patients may be released to law enforcement for direct transport to a SART center.

510

- The definition of BRUE and the appropriate destination for these patients.
- The criteria for pediatric transport destinations.

511

- The indications for transport to perinatal centers.
- The definition of perinatal as it pertains to transport destination.

512

- The burn patient destination policies.
- When patients should be transported to a recognized burn center.

513

- The destination policy for patients with an out-of-hospital cardiac arrest.
- The transport destination decisions for patients with STEMI.

516

- Which patient's require transport for persistent cardiac arrest and the appropriate destination for transport.

519

- The role of the Medical Alert Center (MAC) in managing mass casualty incidents.

519.5

- When emergency decontamination is required in the field and when treatment can be safely administered prior to decontamination.

521

- Stroke patient destination, including differentiating patients who require Primary vs Comprehensive Stroke Center routing.

800 Series

814

- The importance of on-scene resuscitation for medical cardiac arrest and the specific circumstance when it is appropriate to transport patients with medical cardiac arrest with ongoing resuscitation.
- The reversible causes of pulseless electrical activity and awareness that reversible causes should be considered in consultation with the Base Physician when considering termination of resuscitation.
- Which patients require transport to the SRC for persistent cardiac arrest and the appropriate destination for transport.
- The policy for determining death in the field.
- The criteria for field determination of death for patients in traumatic full arrest.
- The timing for on scene resuscitation of cardiac arrest according to rhythm.
- The assessments that must be performed to declare death by Ref. No. 814 for patients with rigor mortis and/or lividity.

815

- The purpose and scope of approved forms used to convey patient wishes for medical treatment.
- The Physician Order for Life Sustaining Treatment (POLST) form.
- The resuscitation procedures involving prehospital Do Not Resuscitate Orders.
- When it is appropriate to withhold resuscitation based on family wishes on scene.

816

- What type of EMS physicians are authorized to direct paramedics in advanced life support procedures on scene.
- The policies regarding medical direction from physicians on-scene.

822

- The obligations of field providers to report suspected child abuse and to whom the report should be made (e.g., Department of Child and Family Services and Law Enforcement).
- The laws governing mandated reporting of child abuse and neglect.

823

- The obligations of field providers to report suspected elder and dependent adult abuse.
- To whom one must report elder and dependent adult abuse.

832

- The criteria for release of minors at the scene.

- The policy for treatment and transport of minors, including criteria for emancipated minors who do not require parental consent.

834

- The 'treat and refer' criteria and which patients are appropriate for release on the scene.
- The high-risk chief complaints that require transport or signing the patient out against medical advice.
- How to advise patients prior to release at the scene.
- Which patients are legally able to refuse treatment and transport against medical advice and which patients are safe for release at the scene.
- Law enforcement's role in assisting EMS personnel in transporting uncooperative patients to the hospital.

838

- The proper restraint techniques for agitated patients.
- The approved techniques for physical restraint by field providers in Los Angeles County.
- The risks of restraining a patient prone and know that it is contraindicated.

1200 Series

- The definitions for the provider impressions as outlined in Ref 1200.3.
- The dosing of analgesic medications according to LA County treatment protocols.
- The requirements for Base Contact as per 1200.2.
- Awareness of adult and pediatric protocols and that pediatric protocols are designated with a 'P'.
- Ability to determine the most appropriate provider impression when presented a clinical scenario.

1203

- Recognition of potential stroke mimics.
- How to treat hypoglycemia per TP 1203, including the indications and contraindications for dextrose 10% IV, glucagon IM, and oral glucose.
- The treatment of hypoglycemic patients with and without vascular access.

1204

- The priorities for managing patients with sepsis.
- Indications/contraindications for normal saline infusion.
- Recognition of sepsis and ability to distinguish when to use the provider impression of Sepsis vs. Fever.

1206

- The assessment of Mechanical Circulatory Support Devices.

1207

- Differentiating between isolated hypotension and shock.
- Fluid management and recognize when to stop Normal Saline infusion due to adverse effects.

- Recognition and treatment of different types of shock.
- The priority for field management of patients who are hypotensive.

1208

- The treatment of prolonged QT intervals in patients with agitated delirium or others who may have an acute drug ingestion.
- The signs, symptoms, and risk factors for agitated delirium.
- Recognition that agitated delirium is a life-threatening medical emergency and that immediate field treatment with midazolam is indicated.
- The preferred and safest route for midazolam administration in the agitated patient.

1209

- The importance of verbal de-escalation attempts in patient with psychiatric/behavioral agitation and ability to distinguish this from treatment of agitated delirium.

1210

- Recognition of pulseless electrical activity, knowledge of the reversible causes (e.g., hypovolemia), and the field management.
- When to assess for hypoglycemia during cardiac arrest resuscitation.
- The importance of early defibrillation for ventricular fibrillation cardiac arrest.
- When to transport patients in cardiac arrest.
- The priorities for on scene resuscitation in patients with cardiac arrest and when in the resuscitation to initiate transport of patients in persistent cardiac arrest without ROSC depending on rhythm.
- How to manage cardiogenic shock in patients after cardiac arrest with return of spontaneous circulation.
- The most common cause of non-traumatic out-of-hospital cardiac arrest and the implications for management and destination.
- When to administer medications for ventricular fibrillation cardiac arrest.
- How to manage hypotension in the patient with return of spontaneous circulation, including the indications for IV fluids and push-dose epinephrine.
- The order in which to prioritize administration of medications in patients with out-of-hospital cardiac arrest.
- The priorities in management of shockable out-of-hospital cardiac arrest.
- How to manage hypotension in the patient with return of spontaneous circulation.
- Recognition that initiation of chest compression is the first priority in management of cardiac arrest.
- A general understanding of acid-base disorders in the context of how it relates to field management.
- The best ventilation strategy for patients in cardiac arrest.
- When to perform an ECG on patients with out-of-hospital cardiac arrest.

1211

- The priorities for field management of patients with acute coronary syndrome, including what medication(s) reduce mortality.
- Ability to recognize cardiac chest pain in patients without STEMI.

1212

- The indications for initiating transcutaneous pacing (TCP).
- The risk factors for hyperkalemia, the clinical presentation, and the field management.
- The medical management of symptomatic bradycardia.
- Ability to recognize and distinguish different types of heart block and the implications for field management.
- Awareness that the patient's hemodynamics are the primary driver in the decision to initiate field treatment for a dysrhythmia.

1213

- The order of interventions for patients with supraventricular tachycardia based on the patient's perfusion and mental status.
- The indications and contraindications for adenosine.
- Which field interventions for certain tachydysrhythmias require a Base order prior to vs concurrent with initiation.
- Ability to recognize SVT and the field management.

1214

- The physiologic effects of CPAP including its impact on blood pressure through reduction of venous return (preload) and afterload.
- The dosing of nitroglycerin for treatment of acute pulmonary edema.
- Ability to differentiate causes of shortness of breath and select the appropriate provider impression.
- The field management of pulmonary edema/CHF including medications and dosing.
- Ability to distinguish cardiogenic pulmonary edema from primary lung injury and understand the differences in management.
- Ability to recognize right and left heart failure.
- The field management of patients with heart failure and the contraindications to CPAP.
- The indications for online medical control in the field management of patients with acute decompensated heart failure.
- How nitroglycerin works to improve the respiratory status in patients with acute decompensated heart failure.
- Ability to recognize acute decompensated heart failure and know the benefits of CPAP, including decreased intubations and lower mortality.

1215/1217

- How to assist in the field delivery of a newborn, including the procedures during a routine delivery as well as a complicated delivery.
- Ability to recognize when childbirth is imminent.
- The complications of a prolapsed umbilical cord.
- The management of a prolapsed umbilical cord.
- When rapid transport is indicated for a complicated vaginal delivery.
- The best way to position a pregnant patient during transport, including those with complications such as maternal hypertension or eclampsia.
- The correct provider impression to choose in pregnant patients, including those with complications, and distinguish this from nonpregnant patients.
- The field management of post-partum hemorrhage.

- The field management of shoulder dystocia.
 - The normal neonatal assessment.
- 1219
- Ability to recognize anaphylaxis and know the priorities for field treatment.
 - The route of administration of epinephrine in patients with anaphylaxis.
- 1220
- The management of burn wounds, and the difference in management between electrical, chemical, and thermal burns.
- 1222
- Ability to recognize hyperthermia due to environmental exposure and know the priorities for field management.
- 1223
- Ability to recognize hypothermia due to environmental exposure and know the priorities for field management.
- 1224
- The field management of bites and stings according to the animal or insect involved.
- 1225
- The etiology of pulmonary edema associated with drowning, distinguish this from cardiogenic pulmonary edema, and recognize the implications for management.
 - Ability to recognize patients having decompression emergencies.
 - The priorities for management of cardiac arrest in the drowned patient.
- 1229
- Awareness that respiratory failure can present as ALOC and that immediate support of ventilation with bag-mask ventilation is indicated.
 - Awareness that the most specific provider impression should be selected and that ALOC is appropriate as the primary provider impression only if the cause of the altered mental status is unknown.
- 1231
- Ability to recognize subtle signs of seizure.
 - The management of seizing patients, including in pregnant patients.
 - The level of transport and destination for patients with active seizure and those who are post-ictal.
- 1230
- Ability to recognize subtle signs that may indicate stroke, such as vertigo, and know to perform a neurologic assessment and stroke screen.
- 1232
- How to determine the Last Known Well Time (LKWT).
 - Awareness that the Los Angeles Motor Score (LAMS) is a stroke severity scale and is utilized in the field to identify patients with possible large vessel occlusions that would benefit from transport to a Comprehensive Stroke Center (CSC).
 - Awareness that accurately identifying the patient's last known well time is critical in order to determine eligibility for TPA and/or interventional procedures.

- Awareness that elevating the head of bed to 30-45 degrees reduces risk of aspiration and decreases intracranial pressure.
- The stroke patient destination policies, including differentiating patients who require Primary vs Comprehensive Stroke Center routing.
- Ability to recognize patients with acute stroke.
- The purposes of the Modified Los Angeles Prehospital Stroke Screen (mLAPSS) and the Los Angeles Motor Scale (LAMS).

1233

- Consideration of cardiac causes in patients presenting with syncope and the priorities for the field assessment.

1234

- Ability to recognize and manage an obstructed tracheostomy.

1236

- The priorities for management in patients with smoke inhalation.

1237

- Ability to differentiate the different causes of shortness of breath and select the appropriate provider impression.
- When to use the PI Cold/Flu Symptoms versus other PIs for Respiratory Distress.
- The management of simple pneumothorax.
- Ability to recognize bronchospasm and know the field treatment.
- Ability to distinguish the different pathologic lung sounds and know the field management for each.
- The treatment of patients with severe asthma exacerbation, including in patients not responding to albuterol.
- The importance of CPAP for patients with moderate to severe respiratory distress.
- Ability to recognize signs, symptoms and risk factors for pulmonary embolism and know the correct provider impression to use when pulmonary embolism is the suspected cause of a patient's respiratory distress.

1238

- Ability to recognize risks of and circumstances associated with carbon monoxide poisoning and know which treatment protocol to utilize in the management of suspected carbon monoxide exposure.

1239

- Ability to recognize dystonic reactions and know that the treatment is diphenhydramine.
- Ability to recognize signs, symptoms, and risk factors for dystonic reaction, and know the field management.

1241

- The antidotes in LA County paramedic scope of practice to treat medication overdoses and when they should be administered.
- The priority of interventions for bradypneic and apneic patients after narcotic overdose.
- Awareness that the goal of naloxone treatment is to restore adequate spontaneous ventilation.

- The common toxidromes and their field management.
- Ability to recognize respiratory failure due to an obstructed airway and prioritization of opening the airway as the first step in management regardless of etiology, including in patients with overdose.
- Common home medication and illicit substances as it relates to field management of patients.

1242

- The management of crush syndrome.
- The indications for requesting the Hospital Emergency Response Team (HERT).
- How to request the Hospital Emergency Response Team (HERT).
- Fluid management for patients with crush syndrome.
- The risk of dysrhythmia immediately after extrication in patients with crush syndrome and that calcium chloride can prevent such dysrhythmias by stabilizing the myocardium.
- Awareness that crush syndrome results from release of toxins, including potassium and lactic acid, from the cells.
- Awareness of the importance of initiating treatment for suspected crush syndrome as soon as possible while the victim is entrapped.

1240

- How to manage nerve agent exposure according to the severity of the patient's presentation.

1243

- Ability to recognize that hemorrhage is the most common reason for cardiac arrest in trauma and know the priorities in management.
- The priorities in management of hemorrhagic shock and the indications for tourniquet placement.

1244

- Ability to recognize traumatic brain injury and understand the field treatment.
- How to manage fluid resuscitation in multisystem trauma vs isolated head or extremity trauma.
- The differences in managing pain in multisystem trauma vs isolated head or extremity trauma.
- Ability to recognize that hemorrhage shock is the most common form of shock in patients with traumatic injury.
- The appropriate oxygenation and ventilation strategies for patients with trauma, including multi-system trauma and traumatic brain injury.
- Awareness that a needle thoracostomy is only indicated for a tension pneumothorax.
- Ability to recognize flail chest, and the priorities for field management.
- How to manage an abdominal evisceration.
- The indications and contraindications for a traction splint.
- The priorities for management in trauma patients, including when to manage the airway and control bleeding.

1200-P Series

1207-P

- The volume of fluid resuscitation for pediatric patients.

1210-P

- The appropriate defibrillation dose for pediatric patients in ventricular fibrillation.
- How to prioritize obtaining vascular access in patients in cardiac arrest, including when to utilize intraosseous (IO) access.
- The treatment for hypotension after return of spontaneous circulation including the role of IV fluids and push-dose epinephrine.
- How to troubleshoot a failed airway, including when and how to assess for foreign body aspiration.
- The primary causes of cardiac arrest in both adult and pediatric patients.
- The optimum compression to ventilation ratio for infants and children in cardiac arrest.
- Ability to recognize respiratory causes of cardiac arrest.

1213-P

- The management of SVT.

1216-P

- The neonatal resuscitation procedures, including when to initiate ventilations and chest compressions based on assessment of the heart rate and respiratory status of the neonate.
- Ability to recognize a normal healthy neonate, and the priorities for management immediately after delivery.
- How to manage bradycardia in the neonate.
- The indications for epinephrine administration during neonatal resuscitation.
- Where to assess the pulse on a newborn.
- The appropriate compression to ventilation rate for neonatal resuscitation.
- Ability to recognize neonatal distress, and the indications for initiation of bag-mask ventilation and chest compressions.

1219-P

- Ability to recognize anaphylaxis, and the field treatment, including prioritization of epinephrine IM.

1231-P

- The appropriate treatment for pediatric seizures including the dosing and frequency of midazolam.
- Awareness of the risk of apnea in pediatric seizure patients and ability to recognize when there is a need for assisted ventilations in these patients.
- Awareness of the risk of trauma in patients with seizure.
- How many doses of midazolam may be administered for seizure prior to base contact for additional orders.

1234-P

- How to manage a pediatric choking victim, including the differences in resuscitation for the conscious and unconscious victim.

- Ability to recognize airway obstruction and differentiate from other causes of respiratory distress.
- The management of a suspected foreign body aspiration for each age group.
- Ability to recognize croup and know the field management.

1235-P

- The definition of BRUE and the appropriate destination for these patients.
- The diagnostic criteria for BRUE.

1237-P

- Ability to recognize poor perfusion in the pediatric patient, and how to manage poor perfusion in the field.
- The treatment for severe asthma exacerbation in the field, including the indication for epinephrine and the appropriate route of administration.
- The management of pediatric patients with bronchospasm, including the dosing and frequency of albuterol, the indications for epinephrine and the indications and contraindications for CPAP.

1244-P

- Ability to recognize a simple pneumothorax, the signs of a tension pneumothorax, and the field management of both.

1300 Series

1302

- How ventilation rate and volume affect end-tidal CO₂.
- The indications for high-flow oxygen.
- The normal range for SpO₂ in patients with and without COPD, and the indications for oxygen therapy.
- Ability to recognize the signs of hypoventilation and know the steps to correct it.
- The indications and contraindications for airway adjuncts including nasopharyngeal and oropharyngeal airways.
- The indications for King LT placement in LA County.
- Awareness that bag-mask ventilation is the preferred primary airway management strategy.
- The appropriate steps to take to troubleshoot a difficult airway or failed intubation attempt.
- Which airway devices are authorized for use in LA County and in what age groups their use is permitted.

1303

- The criteria for catheterization laboratory activation.

1308

- How to assess patients with chest pain and the indications for acquiring a 12-lead ECG.
- The steps to take to optimize the 12-lead ECG quality.
- The indications for transport to a STEMI Receiving Center (SRC).

1315

- The indication and contraindications for continuous positive airway pressure (CPAP).

1317

- The pharmaceutical management of SVT.
- The side effects of medications in the LA County paramedic scope of practice.
- The dosing of nitroglycerin for treatment of acute pulmonary edema.
- The indications and contraindications for medications in the LA County paramedic scope of practice.
- The mechanism of action for medications in the LA County Scope of Practice.
- The indication of epinephrine for patients with shock
- The dosing of medications by indication per LA County protocols.
- Awareness that some LA County medications are not authorized in all age groups and the age parameters for these medications.

1325

- The learner should be familiar with the assessment of Mechanical Circulatory Support Devices.

1335

- The correct anatomical locations for performing a needle thoracostomy and authorized sites in LA County.
- The indications for needle thoracostomy, including indications for repeating the procedure.
- Awareness that the procedure for needle thoracostomy in children is the same for adults, though the distance to enter the pleural space is typically shorter.

1340

- The difference between Base Contact and Notification, including the purpose of each and what type of information should be relayed.
- The role of online medical control.
- Awareness of the role of the Base Hospitals in monitoring the quality of prehospital care.

1345

- How to assess pain using the appropriate pain scales.

1350

- The definition of a pediatric patient per LA County EMS policy.

1355

- The assessment of perfusion status.

1360

- How to perform spinal motion restriction including positioning supine or in reverse Trendelenburg positioning for patients with suspected thoracolumbar injury.
- The purpose and methods of performing proper spinal motion restriction (SMR).
- The indications for spinal motion restriction (SMR) including when it is required and when providers may use judgment.
- How to perform SMR on a small child or infant.
- How to perform appropriate spinal motion restriction while limiting harm.

1365

- How to assess for mechanical capture during transcutaneous pacing.
- The proper procedure for transcutaneous pacing.

1370

- The priorities in management of hemorrhagic shock and the indications for tourniquet placement.
- The proper application of tourniquets.

1375

- How to prioritize obtaining vascular access in patients in cardiac arrest, including when to utilize intraosseous (IO) access.
- The indications and contraindications for intraosseous (IO) line placement.
- Awareness that a complication of intraosseous (IO) placement is local tissue damage from infiltration.
- The approved anatomical locations for intraosseous (IO) access in LA County.
- The role for lidocaine to reduce infusion pain through an intraosseous (IO) line.

1380

- The parameters for normal vital signs per LA County EMS policy.