1. The goal of the airway assessment is to
   A. Provide assisted ventilations
   B. Determine patency and the likelihood of continued patency
   C. Determine if intubation and mechanical ventilation are needed
   D. Confirm the airway as a medication route

2. During the airway assessment you note sonorous sounds. This may indicate:
   A. Airway obstruction by the tongue
   B. Need for intubation
   C. A foreign body in the lungs
   D. Swelling of the upper airway

3. What is the difference in the pediatric larynx and the adult larynx
   A. The pediatric larynx is higher and anterior
   B. The pediatric larynx is lower and wider
   C. The pediatric larynx is narrower
   D. The pediatric larynx is more posterior

4. While performing an assessment you notice the child is agitated and exhibits rapid respirations, yet the pulse oximeter reads 98%. Based upon these findings you would immediately:
   A. Measure tidal volume
   B. Withhold oxygen
   C. Provide supplemental oxygen
   D. Assist ventilations

5. The large occiput in an infant is problematic because
   A. It flexes the airway when the infant is supine
   B. It flexes the airway when the infant is prone
   C. It is a landmark for intubation
   D. It is soft and can be easily damaged

6. While assessing a child, what signs would indicate adequate ventilation?
   A. Good breath sounds, minimal chest movement and rapid respiratory rate
   B. Poor breath sounds, visible chest movement and slow respiratory rate
   C. Good breath sounds, visible chest movement and normal respiratory rate
   D. Diminished breath sounds, visible chest movement and normal respiratory rate
7. Despite a normal outward appearance, you note an adolescent patient with labored speech and a history of asthma. What additional clinical indicators of asthma would you assess for in this patient?

   A. Tachypnea, rales, pink frothy sputum
   B. Bradypnea, stridor, tracheal deviation
   C. Tachypnea, wheezing, prolonged expiratory time
   D. Bradypnea, drooling, shortened expiratory time

8. When obtaining your first impression on pediatric patients the following parameters are quickly assessed:
   A. General Appearance, Work of Breathing, Circulation to the Skin
   B. Glasgow Coma Scale, Airway, Breathing
   C. Revised Trauma Score, Blood Pressure, Heart Rate
   D. Airway, Respiratory Rate, Pulse and Cardiac Rhythm

9. When only one rescuer is available to administer BVM ventilation to a pediatric patient, the most effective technique is

   A. An oxygen-powered device
   B. Enlisting the aid of a parent to hold the mask
   C. Two-handed mask hold and squeeze-release-release
   D. E-C clamp mask hold and squeeze-release-release

10. During your initial assessment you note tachypnea, pallor, cyanosis, and altered mental status. Based on these findings you would most likely suspect the following cardiac dysrhythmia:

    A. Asystole
    B. Bradycardia
    C. Atrial flutter
    D. Ventricular fibrillation

11. While performing a pediatric assessment, what signs would indicate compromised cardiac output?

    A. Altered mental status, delayed capillary refill and cool extremities
    B. Tachycardia, warm extremities, and normal urine output
    C. Normal pulse, absent capillary refill, and hypertension
    D. Tachycardia, cool extremities, and normal urine output

12. Cardiopulmonary resuscitation should be initiated when the pediatric patient presents with:

    A. A pulse rate slower than 80 beats per minute with signs of shock or poor peripheral perfusion
    B. A pulse rate slower than 60 beats per minute with signs of shock or poor peripheral perfusion despite oxygenation and ventilation
    C. A pulse rate slower than 100 beats per minute that is not increasing in response to supplemental oxygenation and assisted ventilation
    D. Wide-complex tachycardia unresponsive to cardioversion
13. When is it appropriate to use an automated external defibrillator for a pediatric patient?

A. Any child in cardiac arrest  
B. Only in a newborn with cardiac arrest  
C. Any child with a pulse but unconscious  
D. It is never appropriate to use an automated external defibrillator in a pediatric patient.

14. When assessing circulatory function in a pediatric patient the best indicator(s) of perfusion is/are:

A. Blood pressure  
B. Distal and central pulses  
C. Urinary output  
D. Both B & C

15. While forming a general impression of a six-year-old female, the EMS provider notes that the child is agitated and looks pale. The EMS provider suspects

A. Hypoperfusion  
B. Attention deficit disorder  
C. Normal behavior for a six-year-old  
D. Child abuse

16. A child who exhibits lethargy, mottled skin, and absent peripheral pulses would have a focused history completed

A. Before any treatment is started  
B. Focused histories are not done  
C. Before leaving the scene  
D. During transport if time permits

17. Vasodilation occurs in ____ shock.

A. Cardiogenic  
B. Obstructive  
C. Anaphylactic  
D. Hemorrhagic

18. A child who loses sympathetic nervous system stimuli following a diving accident will present with signs of which shock?

A. Neurogenic  
B. Obstructive  
C. Cardiogenic  
D. Hypovolemic
19. A child suffers second degree burns to 30% of his body. The EMS provider should suspect _________ shock.

   A. Cardiogenic
   B. Obstructive
   C. Hemorrhagic
   D. Hypovolemic

20. Which of the following is the most critical to initially assess and manage in a child who has received a blunt trauma to the head?

   A. Upper extremities
   B. Airway and breathing
   C. Peripheral circulation
   D. Lower extremities

21. In the initial assessment, the lungs of a young child should be assessed using which anatomical location?

   A. Six points on the anterior chest
   B. Midaxillary at the nipple line
   C. Anterior and posterior, each in 2 locations bilaterally
   D. It is not necessary to listen to lungs in a quiet child in the initial assessment

22. During the process of intubating a child, what procedure may help keep air from entering the esophagus and stomach and help prevent aspiration?

   A. Hyperflexion of the neck
   B. Passage of a nasogastric tube
   C. Administration of medications for RSI
   D. Sellick maneuver

23. The most common traumatic cause of altered mental status in children is

   A. Cardiac tamponade
   B. Long bone fractures
   C. Head injury
   D. Abdominal injury

24. An infant presents with tachycardia, sunken fontanel, and decreased urination. These findings likely indicate:

   A. Shaken baby syndrome
   B. Meningitis
   C. Dehydration
   D. Hydrocephalus
25. Which of the following conditions that affect the upper airway:

A. Croup  
B. Epiglottitis  
C. Foreign body airway obstruction  
D. All of the above

26. While evaluating an adolescent who is confused and behaving strangely, your first concern would be:

A. Circulation  
B. Circulation and dysrhythmias  
C. Airway and ventilation  
D. Ventilation and dysrhythmias

27. Common causes of seizures in children include:

A. Fever  
B. Hypoxia  
C. Head trauma  
D. All of the above

28. The most common cause of permanent brain damage from prolonged seizures is:

A. Hyperglycemia  
B. Cerebral hypoxia and hypoglycemia  
C. Head trauma resulting from tonic-clonic movements  
D. Stroke from sustained hypertension

29. A 7-year old presents with a fever of 101.3°F. This finding is the body’s primary response to:

A. Infection  
B. Heat exposure  
C. Abdominal pain  
D. Syncope

30. Syncopal episodes differ from seizures in that:

A. Incontinence rarely occurs  
B. Its duration can usually be measured in seconds rather than minutes  
C. Upon regaining consciousness, there is only mild confusion if any  
D. All of the above
31. Angela, an 8-year-old girl with a tracheostomy tube, is agitated, working hard to breathe, and showing sternal retractions. The provider suspects:

A. A blocked tracheostomy tube  
B. Dislodgement of the tracheostomy tube  
C. Pneumonia or aspiration of food or fluid  
D. All (or any) of the above

32. To replace a tracheostomy tube, the provider should do all of the following EXCEPT:

A. Pre-moisten the tube  
B. Force the tube into the stoma until it seats  
C. Place a towel roll beneath the shoulders to extend the neck  
D. Check for proper placement of the tube after insertion

33. Andrew is fully dependent upon a ventilator following a motor vehicle accident. Over the course of several days, he develops a fever, increased mucus production, and excessive sleepiness. The prehospital provider suspects

A. An infection  
B. Accidental tracheostomy tube dislodgement  
C. Worsening of the spinal cord injury  
D. Empty oxygen source

34. You might suspect CSF shunt obstruction or failure in a patient with all of the following EXCEPT:

A. Rash  
B. Vomiting  
C. Seizures  
D. Headache

35. In treating a newborn whose heart rate remains between 60-100 bpm despite 30 seconds of assisted ventilations your next additional step would be to:

A. Administer epinephrine  
B. Provide tactile stimulation  
C. Administer a fluid bolus  
D. Initiate chest compressions

36. Initial steps in caring for a newborn include:

A. Dry, warm, position, suction if needed, stimulate if needed  
B. Dry, elevate the baby above mother’s heart until the cord is cut  
C. Warm, stimulate if needed, put drops in the eyes  
D. Cut the cord, suction, turn upside down to drain secretions
37. The assessment of Children with Special Health Care Needs often differs from other children due to:

   A. Abnormal baseline vital signs
   B. Altered mental status everyday
   C. Presence of assistive devices
   D. All of the above

38. A child under the age of 2 years presents with multiple fractures and bruises in various stages of healing. The EMS provider suspects which of the following?

   A. Fall from a height of 3 feet
   B. Child abuse
   C. Normal injury pattern for children under the age of 2 years
   D. Osteomyelitis

39. In dealing with suspected child abuse situations, important roles for the EMT include

   A. Be nonjudgmental
   B. Do not accuse anyone of child abuse even though it may appear obvious
   C. Carefully document in objective terms what you see or have assessed
   D. All of the above

40. The most important concept in documentation with child abuse is:

   A. Objective data
   B. Subjective assessment
   C. Paraphrasing all quotes
   D. Simplify all statements

41. If basic life support maneuvers fail to clear the foreign body obstruction in an unconscious child the next steps would include

   A. Needle cricothyrotomy
   B. Continued assisted ventilation
   C. Direct laryngoscopy, attempt removal with Magill forceps and an attempt at intubation
   D. Direct laryngoscopy, finger sweep, passage of NG tube and attempt removal with Magill forceps
42. While treating an unresponsive 3-year old patient you experience difficulty maintaining an open airway using an oropharyngeal airway and a bag-valve-mask. You are faced with an extended transport time. You would consider which of the following:

   A. Immediate needle decompression
   B. Orotracheal intubation
   C. Providing a nebulizer treatment
   D. Nasotracheal intubation

43. Pharmacologically assisted intubation may be indicated in the following patients:

   A. Seizures and foreign body only
   B. Seizures, head injuries and inhalation burns
   C. Cardiac arrest, seizures and foreign body
   D. Smoke inhalation, seizures and cardiac arrest

44. All of the following are acceptable methods to confirm correct endotracheal tube placement, EXCEPT:

   A. End-tidal CO2 detection
   B. Absent breath sounds over the epigastric region
   C. Bilateral chest expansion with equal breath sounds
   D. Increased capillary refill time

45. Treatment of bronchospasm includes:

   A. Oxygen only
   B. Oxygen, benzodiazepines, and corticosteroids
   C. Oxygen, bronchodilators, and corticosteroids
   D. Oxygen, bronchodilators, corticosteroids and beta blockers

46. Which of the following medications would be appropriate to administer in conjunction with a paralytic during drug assisted intubation (DAI):

   A. Vecuronium 1 mg/kg
   B. Etomidate 0.3 mg/kg
   C. Epinephrine 0.01 mg/kg
   D. Nothing should be given with a paralytic

47. Acceptable antiarrhythmics used to treat ventricular tachycardia with a pulse are:

   A. Amiodarone and Procainamide
   B. Amiodarone, Lidocaine, and Epinephrine
   C. Amiodarone, Bretylium and Magnesium
   D. Lidocaine, Magnesium and Vasopressin
48. You are called to the scene of a 12-year old that has been actively seizing for more than 10 minutes. A preferred first-line pharmacologic treatment is:

   A. Acetaminophen
   B. Fosphenytoin
   C. Lorazepam
   D. Vecuronium

49. Mark has an implanted pacemaker. EMS is called when Mark’s mother cannot wake him from a nap and doesn’t find a pulse. First responders confirm pulselessness and begin CPR. The paramedic notes a paced rhythm on the monitor. EMS should

   A. Use a magnet to turn off the pacemaker
   B. Administer atropine to enhance the pacemaker conduction
   C. Consider and treat the possible cause as with any child in PEA
   D. Keep the child horizontal to avoid the development of ventricular fibrillation

50. In the seizing patient, routes for anticonvulsants are:

   A. Intravenous only
   B. Intramuscular and Rectal
   C. Rectal, Intravenous, Intraosseous, Intranasal, and Intramuscular
   D. Rectal, Oral, Intraosseous, and Subcutaneous