Chapter Questions Spring 2010
All EC Workbook Chapters are optional

Chapter One: Due Date______________

1. In the National Highway Safety Act who was tasked to develop EMS standards and assist the states with their quality of pre-hospital emergency care?
2. What is the minimum training an individual who professionally drives or attends to patients in an ambulance must have?
3. What are the responsibilities of the Medical Director of an EMS system?
4. What is an EMD and what are they trained to provide within the EMS system?
5. Give 4 examples of specialty hospitals within the EMS system?
6. Give some examples of what interventions and procedures paramedics can perform in their job function.
7. Explain why personal safety is the EMT-B’s first responsibility.
8. Explain the term “transfer of care”.
9. Explain the term “patient advocacy” as it relates to the EMT-B.
10. An EMT-B does a lot of lifting. How many pounds should an EMT be able to lift and carry?
11. Why is it important for EMT-Bs to be in good health?
12. How often do EMT-B’s have to take refresher courses?
13. What is the Website for the National Registry of EMTs?
14. What is medical direction?
15. What are EMT protocols?
16. Who assumes ultimate responsibility for patient care in EMS systems?
17. Give an example of off-line medical direction.
18. What are standing orders?
19. Give an example of on-line medical direction.
20. QI stands for quality improvement. Explain why QI is important.

EC Workbook Chapter One pages 1-4.

Chapter Two: Due Date________

1. Define pathogen.
2. How are airborne pathogens spread?
3. Define BSI.
4. What does OSHA stand for?
5. Who states that employers must develop a written exposure control plan?
6. Define PPE.
7. Why is PPE important?
8. Describe 5 ways to prevent contamination (what you wear and what you do).
9. When are alcohol-based hand cleaners not effective according to the CDC?
10. What sorts of exposures do masks protect you from?
11. When should a rescuer wear a N-95 mask?
12. Describe several situations in which you would want to wear a protective gown.
13. What does AIDS stand for?
14. How does tuberculosis spread?
15. How is Hepatitis A primarily acquired?
16. How long can Hepatitis B live in dried blood?
17. How is the staph skin infection transmitted?
18. Which of the communicable diseases are of greatest concern? Why?
19. What is important about the Ryan White CARE Act?
20. What does it mean to have a joint responsibility between employer and employee?
21. According to the Ryan White CARE Act, what does the “designated officer” do after an exposure occurs?
22. What steps should you take if you are actually exposed to a bloodborne pathogen?
23. What are some signs and symptoms of a patient who may have TB?
24. There are some high risk areas that have greater than normal incidents of TB. What are they?
25. What is another name for a TB test?
26. Give some examples of stressors you could be exposed to working as an EMT.
27. What are the 3 stages of “general adaptation syndrome”?
28. What are some physical changes in the body that occur during the exhaustion stage?
29. What are some signs and symptoms of acute stress which suggest we should get immediate intervention?
30. Define PTSD. What are flashbacks?
31. What is burnout?
32. What are early signs of cumulative stress?
33. What are the physical manifestations of cumulative stress?
34. Name 5 causes of stress that potentially occur on the scene of an emergency.
35. What is an MCI?
36. Why is disrupting your circadian rhythm a potential source of problem for you as a pre-hospital care worker?
37. What is eustress?
38. What are the negative signs and symptoms of distress?
39. Name 3 positive activities that can help you deal with stress.
40. What is a CSID?
41. What are the 5 stages of dealing with death (page 35)?
42. What are 5 things we can do as health care providers that help us to deal with family members or patients who are confronted with the reality of death or of dying?
43. What is a hazardous material incident?
44. What occurs during decon?
45. Give some examples of some violent situations you might be required to deal with while at work as an EMT-B.
46. Whose responsibility is it to secure a scene of a violent patient?
47. What are some of examples of safety problems that you are observing for as an EMT-B?
EC Workbook Chapter Two pages 5-8 Questions 1-33.

Chapter Three: Due Date ______

1. Define scope of practice.
2. Define consent.
3. What does it mean that expressed consent must be informed consent?
4. Give some examples of implied consent.
5. What 4 conditions must be met in order for a patient to legally refuse care.
6. What are some things that you can do if you think that a patient should be seen at a hospital but they are refusing care and transportation?
7. Do you have the right to force a competent patient to go to the hospital?
8. What are DNR orders?
9. What is “modified support” as it pertains to a DNR form?
10. What is a health care “proxie”? 
11. What is the goal of a DNR?
12. Define negligence.
13. What are all the circumstances that must occur in order for negligence to be proven?
14. What are two of the most common causes of lawsuits against EMTs?
15. Define “duty to act”.
16. Give an example of patient abandonment.
17. Why was the Good Samaritan Law developed?
18. Does the Good Samaritan Law prevent an EMT-B from being sued under any circumstance?
19. Define confidentiality.
20. What is HIPPA?
21. In California what is the “organ donor card” that patients carry?
22. What should you do if you have a patient who has fatal injuries on the scene of an accident and you discover that they have an organ door card?
23. Define crime scene.
24. Describe what evidence is.
25. What are some actions you can take on a crime scene that help in preserving evidence for law enforcement personnel?
26. Give some examples of required reporting situations in pre-hospital care

EC Workbook Chapter Three- Pages 11-14..

Chapter Four: Due Date ____________

1. What is the name for the standard reference position for the body?
2. Define the terms midline and medial.
3. What is the term that refers to “both sides” of anything?
4. What is another term for the thorax?
5. Describe where the mid-axillary line is located.
6. There are two terms which describe the front of something. What are they?
7. Define the term proximal.
8. Give an example of a distal pulse.
9. Explain where the mid-clavicular line is located.
10. What organs are in the right upper quadrant of the abdomen?
11. What is the positional term for someone lying on their back?
12. Lateral recumbent is also called what?
13. Trendelenberg position is sometimes called what?
14. What is another name for the region of the sole of the foot?
15. When a patient is in a 45-60 degree angle sitting on a gurney what position is that termed?
16. Muscle is connected to bone by what?
17. Bone is connected to bone by what?
18. The head of femur is inserted into the pelvis at what anatomical area?
19. The most superior aspect of the sternum is termed what?
20. The knee cap is also known as what?
21. How many vertebrae are there in the spinal column?
22. How many cervical vertebrae are there?
23. What is another name for the tailbone?
24. The lower jaw is also known as what?
25. When doing the airway maneuver of the jaw thrust you place your thumbs on what landmarks on the face?
26. The widest portion of the pelvis is called what?
27. The bones of the wrist are also known as what?
28. The toe bones are called what?
29. What is another term for the thigh bone?
30. The posterior portion of the tibia is also known as what?
31. Give other names for the foot bones, the shoulder blade and the collarbone.
32. Muscles that respond automatically to orders from the brain are known as what kind of muscles?
33. Explain what automaticity is as it relates to the heart muscle.
34. What is the acromion process?
35. Be able to identify the following airway anatomy: oropharynx, nasopharynx, cricoid cartilage, trachea, larynx, epiglottis, carina, diaphragm, bronchioles and alveolus. What is the cricoid cartilage?
36. Explain how gas exchange takes place at the capillary levels.
37. In what portion of the lungs does gas exchange take place?
38. Explain the anatomical difference between a child and an adult’s respiratory system.
39. What are the names of the two large veins that return blood to the heart?
40. Be able to trace a drop of blood from the superior vena cava through the heart chambers and back out through the aorta.
41. Locate and identify the four valves of the heart.
42. Identify the 3 coronary arteries.
43. Define what the cardiac conduction system is.
44. Be able to locate the following arterial pulse points: carotid artery, femoral artery, brachial artery, radial artery, posterior tibial artery and d key components of the digestive system and understand what each’s function as it relates to digestion.
Which portion of the circulatory system has valves?
45. Is the blood that the pulmonary vein carries oxygenated or deoxygenated?
46. Know the four components of blood and what each of their functions is.
47. What causes the pulse that you feel at various pulse points in your body?
48. Explain what blood pressure is.
49. Understand the difference between systolic and diastolic blood pressure and what is going on in the heart as you measure each one.
50. Define perfusion and hypoperfusion
51. Describe 5 functions of skin.
52. What is the outer most layer of skin called?
53. Where are hormones produced?
54. What is another name for epinephrine?
55. Where is insulin produced?
56. Where is the appendix located?

EC Workbook Chapter Four p.19-24

Chapter Five: Due Date ____________

1. A power lift is also called what?
2. What are the 3 situations when you might be required to use emergency moves?
3. Name and describe at least 3 emergency moves.
4. What is the difference between an urgent move and an emergency move?
5. In what situation would you use a non-urgent move?
What are the two different kinds of spine boards? When would you use each of them?
6. What is the draw-sheet method and why would you use it?

EC Workbook Chapter Five Multiple Choice only p. 30-32

Chapter Seven: Due Date ____________

1. Along with considering C-spine potential injury what are 4 other scene size-up considerations?
2. What is the purpose of remembering the key elements of the scene size up?
3. What could a starred windshield that was damaged during an auto accident be an indication of?
4. What are some considerations when you don’t find a patient inside a vehicle that has been involved in an accident?
5. Define “danger zone” as it pertains to a scene size-up.
6. Who publishes the Emergency Response Guide?
7. Name some signals of danger from crime scenes or scenes where violence has occurred.
9. What injuries might a bent steering column suggest?
10. Explain why there are 3 collisions involved in each motor vehicle crash.
11. What are some common injuries in rear-end collisions?
12. Why are roll over collisions so dangerous?
13. What are some considerations that should be determined when responding to a patient who is a victim of a fall?
14. What is a penetrating injury? Give some examples.
15. What is meant by blunt force trauma?
16. How can you determine what the nature of illness is at an emergency call?

EC Workbook Chapter 7 pages 66-69 matching and multiple choice.

Chapter Eight: Due Date __________

1. After the scene size-up, what are the 6 elements of the initial assessment?
2. What is a patient’s chief complaint?
3. What patients should get manual stabilization of the head and neck?
4. What is neutral, in-line manual stabilization?
5. What does AVPU stand for?
6. Give an example of giving a patient painful stimuli.
7. When determining mental status on an awake patient what do you determine they are “oriented to”?
8. Why should you give oxygen to a person with a depressed mental status?
9. What are the ABCs of an initial assessment?
10. If a patient is breathing slower than 8 breaths per minute, what care should you provide?
11. How do you assess circulation?
12. What are pale and clammy skin signs a possible indication of?
13. Name 9 high priority conditions that would determine immediate transport for a patient.
14. Describe how to check for capillary refill.
15. Where can you check capillary refill in children?
16. How should you open an infant’s airway?
17. How do you check for responsiveness in infants?
18. Memorize the initial assessment skills sheet.

EC Workbook Chapter 8 Multiple Choice pages 71-73.

Chapter Nine: Due Date __________

1. Define vital signs. What are the 5 vital signs we check for in adults? What additional “sign” do you check in children?
2. What is the first set of vital sign measurements called?
3. Explain what the term mental status means.
4. When you feel a pulse what are you actually feeling? Define pulse rate.
5. What is the normal pulse rate for an adult? Define tachycardia and bradycardia.
6. What pulse rates in adults would indicate that something might be seriously wrong?
7. On the Initial Assessment skill sheet what do you check for when assessing a pulse?
8. When assessing a pulse rate how long do you count?
9. Where is the radial pulse taken? Where do you assess an infant’s pulse? Where do you assess an unconscious patient’s pulse?
10. What side effect can be caused if you assess a carotid pulse with too much pressure?
11. If you experience difficulty finding a pulse on a patient what should you do?
12. When relaying information on the pulse rate what other things should you relay regarding the pulse?
13. What is the normal respiration range for an adult?
14. What kinds of things influence a person’s respiration rates?
15. What should you be prepared to do for a patient if their respiration rate drops below 8 times per minute?
16. What are the following airway sounds indications of: snoring? Wheezing? Gurgling?
17. According to the initial assessment skill sheet what do you check for when assessing for breathing?
18. What do you look for when assessing respiratory quality (character of breathing)?
19. How does a patient present when they have increased work of breathing?
20. What is stridor?
21. Why do you continue to keep your hand on the patient’s wrist after the pulse assessment while you assess respirations?
22. What causes skin to become pale?
23. Where is the best place to assess skin color in adults?
24. Where is the best place to assess skin color in children and infants?
25. What color is jaundice?
26. What does cyanotic skin usually indicate? What color is cyanosis?
27. What are you assessing when you assess skin “condition”?
28. What is the skin temperature and condition of a patient in shock?
29. What is normal capillary refill time?
30. What could constricted pupils indicate?
31. When a person goes from bright sunlight to a darker, dim lighting what usually happens to their pupils?
32. What is the normal size of a person’s pupils?
33. What might unequal pupils indicate about a patient’s condition?
34. Define systolic and diastolic blood pressure?
35. What are normal BP ranges for adults?
36. Why is blood pressure not a good indication of medical condition in children under 3 years old?
37. What is another name for a blood pressure cuff?
38. What is the difference between auscultating and palpating a blood pressure?
39. In what situations would you palpate a blood pressure?
40. How do you record a palpated blood pressure?
41. How often do you take vital signs in stable patients? Unstable patients?
42. What monitoring device do you use to measure blood oxygen saturation?
43. What Oxygen saturation levels indicate severe hypoxia?
44. In what medical conditions is a pulse oximeter not accurate?
45. What are some other situations that cause inaccurate pulse oximetry readings?
46. What does the acronym SAMPLE stand for?
47. What is the difference between a sign and a symptom?
48. Why is it important to know when a patient’s last oral intake was?

EC Workbook Chapter Nine pages 76-81.
Success Questions: Module 1 Questions 25-30, 41-42. Module 3 Questions 1-21, 24-29, 32-33

Chapter Six: Due Date ______

1. What is the EMT-B’s chief responsibility? (page 128)
2. What conditions cause respiratory arrest?
3. What is the major waste product of respiration?
4. Can a person in uncorrected respiratory failure survive?
5. What are some common causes of respiratory failure?
6. Why is recognizing inadequate breathing so important?
7. Why are rapid respirations a cause for significant concern?
8. What are the air sacs in the lungs called?
9. Why should you ventilate a patient with inadequate breathing instead of just applying high flow oxygen with a non-rebreather mask?
10. With what equipment can you assist ventilations with (3 from table 6-10)?
11. What population of individuals should you not use oxygen-powered devices?
12. What is meant by dead space in the lungs?
13. What is stridor?
14. When you look, listen and feel in your breathing assessment, what are you looking for? What are you listening for? What are you feeling for?
15. What is it called when a patient has blue-gray ting to their nail beds or lips?
16. When a child is displaying signs of difficulty breathing where do you see retractions on their body?
17. What does it mean to have nasal flaring?
18. If a patient is having inadequate breathing what is your treatment?
19. What are the normal respiratory rates for an infant?
20. What do you do if you need to quickly move a possible cervical spinal injured patient who needs to be provided with ventilations?
21. What does it mean to have a patent airway?
22. When using the head-tilt chin-lift method of opening the airway of a patient what problem are you correcting in the patient?
23. What piece of equipment should always be ready when you open the patient’s airway?
24. What is another name for positive pressure ventilation?
25. What is the order of preference that EMT-Bs can use to provide positive pressure ventilation? (I have seen this question on the National Registry Exam.)
26. Is it necessary to lift the pocket mask from the patient’s face to allow exhalation when ventilating your patient?
27. At what liters per minute do you set the flow meter when using a BVM?
28. How much volume of air is sufficient to deliver to the patient when using a BVM device?
29. Why does AHA recommend the using of 2 persons when using a BVM if personnel are available?
30. How often should you ventilate an adult patient who is not breathing but has a pulse?
31. What should you do when ventilating a patient with a BVM but you do not get good chest rise?
32. When trying to get a good seal on a stoma with a BVM mask, what size mask should you use?
33. What is the purpose of the strap on a pocket mask?
34. What is an FROPVD?
35. What happens when you have gastric distension in a patient due to over ventilating?
36. What is the most common cause of airway obstruction?
37. Why is not having a gag reflex so important when inserting an OPA?
38. How does the OPA work to keep the airway open?
39. How do you measure an OPA for correct size on a patient?
40. How do you measure an NPA for size?
41. What sort of lubricant can you use on an NPA?
42. Why would you not use an NPA with a patient with possible cerebral spinal fluid coming from their nose or ears?
43. How deeply can you place a suction unit in a patient’s mouth?
44. Flexible suction tubing is also called what?
45. What should you use to suction a nasal passage?
46. How long can you suction a patient?
47. How effective is CPR compared to your normal circulation?
48. Define hypoxia.
49. Name 6 situations when supplemental oxygen is indicated.
50. What is the safe residual for an oxygen cylinder?
51. Does oxygen have an expiration date?
52. How often do oxygen cylinders need to be hydrostatically tested?
53. Why do you not grease around the end of an oxygen cylinder?
54. Although humidified oxygen is good to give patients why is it no longer given in most EMS systems?
55. Is there such a thing as oxygen toxicity? Explain.
56. What is the flow meter setting for a nonrebreather mask?
57. What is the highest flow meter setting for a nasal cannula/ 
58. What are some special considerations of managing the airway in an infant or child?

EC Workbook Chapter 6 pages 41-45

Chapter 10: Due Date_______

1. Why do you spend more time on scene assessing a patient with no significant mechanism of injury that you do with a patient with a significant mechanism of injury?
2. Explain the difference in the assessment of a patient with minor injuries versus one with a significant mechanism of injury.
3. Why is it that pain is not always an accurate indicator of the seriousness of an injury?
4. What does the memory aid DCAP-BTLS stand for?
5. Give an example of punctures or penetrations.
6. What are some of the conditions in which you apply a cervical collar?
7. Is it necessary to assess and palpate the neck prior to applying a cervical collar?
8. When can you let go of manual stabilization of the spine?
9. What sort of information can you obtain on an accident scene by walking around and looking in the vehicle involved in the accident?
10. What is a “hidden injury” in a patient involved in an accident?
11. Explain what a “seat belt injury” is.
12. Why do you need to reassess mental status periodically?
14. Explain what two things you look for on neck veins and what they are an indication of.
15. Explain what paradoxical motion is an indication of.
16. What might absent lung sounds in a trauma patient be an indication of?
17. What might a pulsating mass in the abdomen be an indication of?
18. Define priapism. During trauma what is it an indication of?
19. How often should you assess distal function in trauma patients?
20. How do you assess distal function of the lower extremities?
21. Why do you not splint the extremity of a major trauma patient while on scene prior to transport?
22. “S” can also stand for “story” when assessing trauma patients. What are the pieces of the “story” you will be asking your patient or bystanders about?
23. What are a few of the differences you will need to consider in pediatric patients when doing trauma assessments?
24. How does the detailed physical exam differ from the rapid trauma assessment?
25. Why do you need to do a detailed physical exam if you have already performed a rapid trauma assessment on a patient?
26. What is CSF?
27. During the detailed PE what are you observing for when you look inside the patient’s mouth?
28. What should you do if your patient has both a medical problem and has had a traumatic injury?

EC Workbook Chapter 10 pages 85-88.

Chapter 12: Due Date__________

1. What are the 4 components of the ongoing assessment.
2. What is the goal of the ongoing assessment?
3. What should you do if the patient’s non-rebreather mask completely deflates when he inhales?
4. What does the term trending mean?
5. How often do you take vital signs for unstable patients? For stable patients?
6. Look at the vital sign trends on page 293 table 12-1. What do the vital sign trends tell you about Brian Sawyer’s condition?

EC Workbook Chapter 12 Pages 103-105

Chapter 26: Date Due_______

1. What is the leading cause of death for individuals 1 to 44 years old?
2. What are the 3 main components of the cardiovascular system?
3. Why do veins have valves?
4. Define perfusion, hypoperfusion and shock.
5. Define hemorrhage.
6. What are the 2 classifications of hemorrhaging?
7. What are the 5 main functions of blood?
8. What is the most difficult bleeding to control?
9. What are some characteristics of arterial bleeding?
10. How much blood loss is considered serious in the average adult? The average child?
11. What are the signs of shock due to blood loss?
12. What happens to a person’s heart rate when they experience significant blood loss and start going into shock?
13. How do you control external bleeding?
14. Why do you not remove a blood soaked pressure dressing from a wound?
15. What does PSGA stand for?
16. How long does it usually take for a healthy person’s blood to clot?
17. Why do you elevate a bleeding injured extremity?
18. What is a pressure point?
19. How do you know if you are correctly compressing a pressure point?
20. How does a cold application such as an ice pack do to aid in bleeding control?
21. How does PASG help control external bleeding?
22. What should you never do when using a PASG for bleeding control?
23. When do you use a tourniquet to control bleeding?
24. Why do you usually not need tourniquets on clean edged amputations?
25. What is the width recommended for a tourniquet?
26. How far away from the injury should you place a tourniquet?
27. What special notation should you attach to the patient regarding a tourniquet?
28. What else can cause a nose bleed other than trauma?
29. Why do you not want to stop bleeding from ears and nose during a major traumatic head injury?
30. What is another name for a nose bleed?
31. Why is internal bleeding so dangerous?
32. What is the leading cause of internal bleeding?
33. What are some signs a patient could have if they are bleeding internally?
34. What is hypovolemic shock that is caused by bleeding called?
35. What type of shock is caused by spinal cord injury?
36. Constriction of the peripheral circulation causing pale and cool skin is an example of what category of severity of shock?
37. Why do people often die even when vital signs return after irreversible shock?
38. Define the golden hour.
39. Define the platinum ten minutes.
40. Why do you elevate the legs when a patient is going into shock?
41. Although California no longer uses the PSGA it is a piece of equipment used in other regions of the nation. Be sure to review page 638 for the National Registry Exam.

EC Workbook Chapter 26 pages 210-214

Chapter 27: Due Date__________

1. What is the largest organ in the body?
2. What are the skin’s major functions?
3. What is the skin layer found below the dermis?
4. Define contusion.
5. What is patient care for a person with internal bleeding due to a closed wound?
6. Define abrasion.
7. What is a perforating puncture wound?
8. Which is usually more serious, an entrance or exit wound?
9. Does an avulsed part have adequate circulation?
10. What are the steps in patient care for all the various open wounds?
11. Why do you not remove an impaled object?
12. Why do you remove an impaled object in the cheek?
13. When caring for an impaled object in the eye, why do you dress and bandage both eyes?
14. Why do you use an occlusive dressing on an open neck wound?
15. Give an example of a compression chest injury.
16. Define sucking chest wound.
17. Why do you tape 3 sides of an occlusive dressing for a sucking chest wound?
18. What is tracheal deviation?
19. Why do you have possible tracheal deviation during a tension pneumothorax?
20. What is a hemothorax?
21. What is coffee ground vomiting a sign of?
22. Why do you not give anything by mouth to patients who have suffered abdominal injuries?
23. What are the 3 ways that burns can be classified?
24. Give some examples of sources of chemical burns.
25. What sort of burn agent is sunburn?
26. What is another name for a partial-thickness burn?
27. Give signs and symptoms of a partial-thickness burn.
28. What is the source of fluid in the swelling of a burn?
29. Give some characteristics of full-thickness burns.
30. What factors are important in determining the severity of a burn?
31. Why are facial burns considered to be so serious?
32. What areas of burn are considered potential bacteria contamination zones?
33. What is a circumferential burn?
34. What is the method used to determine surface area of a burn?
35. In this method, what percentage of body surface burn is a burn to the entire fronts of both legs of an adult?
36. What is the rule of palm?
37. Why are burns to elderly more serious than burns to young people?
38. Give some examples of “critical” burns.
39. Why are burns to infants so dangerous?
40. If the patient has a tar burn are you suppose to remove the tar?
41. If your patient is a victim of a chemical burn to the eyes, how long do you flush the eyes?
42. Why do you not want to apply any ointment to burns?
43. How do you treat a patient who is exposed to a dry chemical burn?
44. Why are electrical burns so dangerous?
45. What do you use to wash carbolic acid from the skin?
46. What sort of burns can cause irregular heart beat?
47. How does an electrical injury fracture a bone?
48. Why do you do spinal immobilization on electric shock patients?
49. Why do you look for at least two external burn sites on electrical burns?
50. What is the difference between a dressing and a bandage?
51. Define occlusive dressing.
52. If you do not carry occlusive dressings, what can you do to “fashion” one?
53. What are some methods to secure a dressing on a wound?
54. Why do you not remove a dressing once it has been applied?
55. When bandaging extremities, why do you leave the fingers and toes exposed?

EC Workbook Chapter 27 Pages 220-227.

Chapter 28: Due Date_______

1. What part of the bone creates red blood cells?
2. Why is it so important to immobilize a fracture?
3. What is the significance of the growth plate on a bone?
4. What are some examples of cartilage in the body?
5. Define tendons and ligaments.
6. What are the 3 mechanisms that can cause musculoskeletal injuries?
7. Why is it not important to decide if a patient’s injury is a fracture, sprain, strain or bruise?
8. What is the history of the traction splint?
10. What is an open extremity injury?
11. Why is an open fracture so serious?
12. What is crepitus?
13. What are some signs and symptoms of musculoskeletal injuries? What do you do with adjacent bone ends and joints when splinting?
14. When would we realign deformed extremities?
15. Define the term manual traction.
16. List out the general rules that apply to all types of immobilization.
17. What does it mean to “splint someone to death”?
18. What type of injury is a traction splint used for?
19. When using a Sager traction splint, how much traction is pulled?
20. What are the indications for a traction splint?
21. How do you immobilize a shoulder girdle injury?
22. What does it mean to “reduce” a shoulder?
23. Why might you use a pillow under the knees during the treatment of a possible pelvic injury?
24. What is the splinting material used for a pelvic wrap?
25. What is a sign of hip fracture?
26. What is the difference between a knee and patella dislocation?
27. What kind of injury is a pillow splint good to treat?
28. How do you measure the length of the Sager splint?

Chapter 29: Due Date_______

1. What is the fluid surrounding the brain called?
2. How many vertebrae make up the spine?
3. What are the spine’s bony bumps that you palpate as you are doing a back assessment?
4. Which parts of the spine are fused?
5. How do you control bleeding in the scalp if there is a depression of the bone or the brain is exposed in the area of the bleeding?
6. What is the difference between an open and a closed head injury?
7. Give an example of an indirect brain injury.
8. What is the most obvious sign of a skull fracture?
9. What is Cushing’s triad?
10. Make a list of the signs and symptoms of a skull fracture with possible brain injury.
11. What is posturing?
12. Is shock from blood loss usually a sign of head injury?
14. What does the term coup and contra-coup refer to in a brain contusion?
15. How does the brain become lacerated?
16. What occurs with an intracerebral hematoma?
17. List the layers of tissue between the skull bone and the brain tissue.
18. What is another name for a nontraumatic brain injury?
19. What does it mean to up-triage a potential spinal injury?
20. What are the situations that you should assume possible cervical-spine injury?
21. Why is the thoracic spine less frequently injured than other areas of the spine?
22. Which parts of the spine are most vulnerable to injury?
23. How much does the average adult skull weigh?
18. In falls, what is the general height rule when EMT-Bs should suspect possible spinal injury?
19. What does spear tackling refer to in the game of football?
20. Why is there a higher index of suspicion for spinal injuries for even minor falls in the elderly?
21. What are the 4 most common causes of spinal injuries?
22. List the signs and symptoms of spinal injuries.
23. What is point tenderness?
24. In unconscious patients the mechanism of injury alone might determine your decision for c-epine a patient. What are some other signs and symptoms of c-spine injury in the unconscious patient?
25. What is priapism?
26. How will nerve impairment present in the patient with spinal injury?
27. What occurs in severe spinal shock?
28. If a patient can walk, has no pain or loss of sensation to the extremities after being injured, does that rule out the possibility of spinal injury?
29. List the steps of a good spinal assessment.
30. What priority of patients is immobilized with a Kendrick Extrication Device?
31. How do you immobilize high priority patients or patients who must be moved rapidly due to danger at the scene?
32. When adjusting straps on a KED, how tight is too tight for the straps?
33. When placing a patient on a long backboard which EMT-B makes the calls for the move?
34. What does the term “packaging” the patient mean?
35. Which part of the patient is secured last to the long spine board?
36. What special care do you give a full-term pregnant woman who needs to be immobilized onto a long backboard?
37. What is a Miller board designed specially to do?
38. What special considerations do you need to take when immobilizing a 6 year old or younger child?
39. Why do you use the rapid takedown method of immobilizing a patient rather than just asking them to lie or sit down on your backboard?
40. What are the indications for leaving a helmet in place while immobilizing your patient?
41. Under what 4 circumstances do you always remove a helmet on an injured patient?
42. What is the rule for removing a helmet and pads of a football player when immobilization needs to be done?
43. What is the recommendation of immobilizing a child in a car seat who needs to be immobilized?
44. Do EMT-Bs “clear” c-spine?
45. When determining whether or not to immobilize a patient based on the 2002 Maine EMS Spine Assessment Protocol, what does it mean to have a “distracting injury”?
46. Some spinal immobilization causes pain and discomfort. Why is this an insignificant concern when evaluating a patient’s need for spinal immobilization?
47. When you are not sure whether or not you should immobilize a patient, what should you do?

EC Workbook Chapter 29 Pages 240-244

**Chapter 30: Due Date_________**

1. What is meant by the multiple-trauma patient?
2. Why do we not apply a splint to a limb on scene of a multiple-trauma patient?
3. What does the golden hour refer to?
4. What treatment is limited to on scene in a multi-trauma patient?
5. What does trauma scoring refer to?

EC Workbook Chapter 30 Pages 252-253

orsalis pedis artery.

**Chapter 13: Due Date_________**

1. Define base station.
2. What is the unit used to measure output power of radios?
3. What is the range of most mobile radios in miles?
4. What are repeaters used for.
5. What is another name for a hand-held or hand pack radio?
6. What agency regulates communication in EMS?
7. What is the PTT button and what guidelines should you follow when using it?
8. When calling another party on the radio in what order do you call them and identify yourself?
9. What are “code” when referring to communication?
10. Why do we use the plural possessive pronoun “we” instead of “I”?
11. Who do we make medical radio reports to?
12. Review the 12 components of a good radio medical report.
13. What should you do if you are given an order by a base physician that you are unclear about?
14. What should you do if you believe an order is inappropriate for your patient?
15. What is a verbal report and when is it given?
16. How should you address a patient?
17. What is a special consideration when assessing a hard of hearing patient?
18. What can you do if you and your patient have a language problem?
19. What are the two critical rules of communicating when dealing with children?

EC Workbook Chapter 13 Pages 107-109

**Chapter 14: Due Date_________**

1. What is a PCR?
2. What is direct data entry?
3. What is a PDA?
4. What functions do PCRs have?
5. Is the PCR a legal document?
6. How are PCRs important in education and research?
7. What is QI?
8. What are the minimum data entries that are required by law in all PCRs?
9. What is “run data”?
10. What does it mean to “paint a picture” of a patient in the narrative?
11. What is the difference between objective and subjective information? Which of these is more important to mostly use in the report?
12. What are some other important facts to include in your documentation of your assessment findings?
13. What is a pertinent negative?
14. Can you use abbreviations in your PCR?
15. What does it mean, “if it is not written down you did not do it”?
16. What is the most important function of the PCR?
17. What does HIPPA stand for?
18. When writing a PCR where the patient refuses care, what are some very important things to include in the documentation?
19. Explain the difference between omission and commission.
20. How do you correct errors in a PCR?
21. What if the error is discovered at a later date?
22. What is the form in which documentation is done during a mass casualty incident?
23. Give some examples of why you would need to fill out a special situation report?

EC Workbook Chapter 14 Pages 112-116

Chapter 11: Due Date_________

1. Look at page 269. What is the first question you should ask somebody after you introduce yourself and get permission to treat?
2. What are the 4 components of the medical assessment?
3. The focused history is an information gathering conversation with the patient. Who else might be a source of information to your questions?
4. What is the chief complaint?
5. What does it mean to ask “open-ended questions”?
6. How does the order of the focused history and physical exam vary between the responsive and unresponsive medical patient?
7. What does OPQRST stand for?
8. What are the 3 medical situations that it is important that we obtain immediately their past medical history for? Why are these three conditions so important for us to learn about as EMT-Bs?
9. How does the physical exam differ between the responsive and unresponsive medical patient?
10. What 6 questions should you ask bystanders or family members when you are responding to an unconscious patient?
11. What is a vial of life?
Chapter 15: Due Date __________

1. What are the six medications an EMT-B can administer or assist with in the field?
2. Which of these medications are carried on the ambulance?
3. Which of these medications are prescribed?
4. What are the indications for using activated charcoal?
5. What is glucose?
6. What is oral glucose?
7. In what medical emergencies do we give oral glucose?
8. What does the term bronchodilator mean?
9. What is a common side effect of giving bronchodilators?
10. What are 4 different examples of bronchodilator medications (name)?
11. What effect does nitroglycerin have on the heart?
12. What medications can interact with nitroglycerin that would make it dangerous to give? What are these medications generally prescribed for?
13. What treatment should we do for the patient if the nitroglycerin makes the blood pressure drop too low?
14. What effect does epinephrine have on the air passages and blood vessels?
15. For what medical condition do patients usually inject an epi-pen?
16. What is an auto injector?
17. What is the trade name for epinephrine?
18. Explain what indications, contraindications and side effects are.
19. What are the various forms that medications can take?
20. What does it mean to give a medication sub-lingually?
21. What are the 4 patient rights involved in administering a medication?
22. What does it mean to give a medication via the intramuscular route?
23. What is a PDR?
24. What are analgesics prescribed for?
25. What are antidyrsrhythmics prescribed for?
26. Look up the various medication on page 362 and identify their class of drugs.
- prozac
- dilantin
- procardia
- zoloft
- digoxin
- oxycodone
- atrovent
- NPH
- amitriptyline
- glyburide
- hydrochlorothiazide (HCTZ)
Chapter 16: Due Date__________

1. What is an adult’s normal respiratory rate?
2. On Table 16-1 on page 345, what things are evaluated under quality of breathing?
3. In this same table, what items are listed for inadequate breathing in the quality category?
4. In diminished level of responsiveness patients, what does snoring and gurgling indicate?
5. How do the airways of infants and children differ from adults?
6. What is the EMT-B’s intervention for a patient who is not adequately breathing (see Table 16-2)?
7. Who do you not use an FROPVD on?
8. In order of preference, what are the means of providing assisted ventilations?
9. What should you do if you are unsure if your patient’s respirations are adequate or not, or whether or not you should be providing ventilations?
10. What does it mean when you are ventilating an adult patient might be happening when the pulse rises?
11. Define hypoxia.
12. With pediatric patients when with respiratory difficulties what pulse rate would indicate trouble?
13. Why is important in pediatric patients to differentiate between upper and lower airway obstruction problems? How might lower airway obstruction be characterized?
14. List the signs and symptoms of difficulty breathing as outlined in figure 16-2.
15. List how noisy breathing might be described.
16. Define the tripod position.
17. What does it mean to get a “room air” reading on the pulse oximeter?
18. What is the range of pulse oximetry readings in normal, healthy adults?
19. What are the numbers in the pulse oximetry readings that indicate severe hypoxia?
20. There are 4 pieces to patient care for the shortness of breath patient. What care is provided under assessment? What liter flow of oxygen do you provide with a nonrebreather mask?
21. How should you position a patient to assist them with their breathing difficulty?
22. What medication can you assist to administer to patients with breathing difficulties?
23. What do each of the following lung sounds represent as far as a disease process: wheezes, crackles (rales), rhonchi, stridor?
24. What does COPD stand for?
25. How does a patient present who is not moving enough air in and out of his lungs to create wheezes?
26. What personal history problem creates the majority of COPD symptoms?
27. What other things can cause COPD symptoms?
28. What are the characteristic differences between emphysema and chronic bronchitis at the alveoli level?
29. In healthy patients what is the normal hypoxic drive in patients?
30. What is the hypoxic drive in patients with COPD?
31. What does it mean as in asthma that it only affects the patient at irregular intervals?
32. What sorts of factors trigger an asthma attack?
33. What causes the restricted air flow in the asthma patient?
34. In asthma patients what phase of breathing does a problem occur, inhalation or exhalation?
35. What lungs sounds do you hear during an asthma attack?
36. Define bronchoconstriction.
37. What action does an inhaler usually do for the lungs?
38. Why are some inhalers not effective to use during an asthma attack?
39. What are some typical side effects of a nebulized medication?
40. What are the contraindications of using a prescribed inhaler?
41. What culture does coining occur in?

EC Workbook Chapter 16  Pages 122-126

Chapter 17: Due Date___________

1. What is the most important drug of heart problems?
2. When we refer to the cardiovascular system, what are we referring to?
3. Starting with the right atrium review the blood flow through the chambers of the heart.
4. At the top of page 368 it discusses 3 main reasons “cardiac compromise”, or chest pain of cardiac origin occurs. What are they?
5. Patients with heart trouble will complain of various signs and symptoms. What are some of those signs and symptoms?
6. What are the most common symptoms of cardiac compromise?
7. What are some of the descriptions of chest pain that has cardiac origin?
8. Where are the common radiation regions for cardiac chest discomfort?
9. What is dyspnea?
10. What is the sense of “impending doom”?
11. Why do some patients lose consciousness during cardiac events?
12. Define bradycardia and tachycardia.
13. What are palpitations?
14. Below what systolic blood pressure is a patient considered hypotensive?
15. At what diastolic blood pressure is a patient considered hypertensive?
16. What percentage of patients has no chest discomfort at all?
17. Why do we treat all patients who have a high index of suspicion of cardiac compromise instead of waiting until the hospital to confirm their diagnosis?
18. How should you position patients with cardiac compromise?
19. What do you always need to do after assisting a patient with medication?
20. Why is it important to ask about erectile dysfunction medication prior to assisting patient with their nitroglycerin?
21. See page 335. What are the names of some erectile dysfunction medications?
22. What is the first medication we need to give patients of cardiac compromise?
23. What does the term “clotbuster” refer to?
24. What is the minimum systolic blood pressure a patient can have if being assisted with nitroglycerin medication.
25. How long after the first nitroglycerin can we administer the second nitroglycerin?
26. What conditions must be met in order to repeat the nitroglycerin dose?
27. What is the maximum dose of nitroglycerin that EMT-Bs can administer?
28. If your EMS system allows it, under what conditions can you give nitroglycerin?
29. What are contraindications of nitroglycerin?
30. How is nitroglycerin administered (route)?
31. How long after the administration of the nitroglycerin should you reassess the blood pressure?
32. What are the normal side effects of giving nitroglycerin?
33. What are contraindications for administering aspirin?
34. What mg dose is chewable aspirin usually found in?
35. How many chewable aspirin can you administer to the patient if your EMS system allows you to give it?
36. Define atherosclerosis.
37. Define arteriosclerosis.
38. What is a thrombus?
39. What is CAD? What are the risk factors for CAD?
40. What is myocardium?
41. What is chest pain most often caused by?
42. What is an acute myocardial infarction?
43. Define aneurysm.
44. What is the condition called when a blood vessel bursts in the brain?
45. Define dysrhythmia.
46. What is pulmonary edema?
47. Define angina pectoris.
48. What helps to stop the patient’s chest discomfort during angina pectoris?
49. What does AMI stand for?
50. What is an infarct?
51. What percentage of individuals who die from a sudden heart attack have never been diagnosed with cardiac problems?
52. What are fibrinolytics?
53. How important is time when administering fibrinolytics to a cardiac patient?
54. What does the class of betablocker medications do for the heart?
55. What is CHF?
56. Define edema.
57. What malfunction of the heart causes pulmonary edema?
58. What are the lungs sounds of pulmonary edema called?
59. Right heart failure causes pedal edema. Why is this?
60. What is a diuretic?
61. What are the signs and symptoms of someone having an acute episode of CHF?
62. Define occlusion.
63. What percentage of calls are cardiac arrests?
64. How important is early CPR to the survival of cardiac arrest patients?
65. Why is it so important to conduct public CPR courses?
66. What is the maximum response time for defibrillation?
67. Who administers ACLS?
68. What is the latest research regarding placing a cardiac arrest patient into hypothermia?
69. What does AED stand for?
70. What is the difference between a monophasis and biphasic defibrillator?
71. What are the shockable rhythms of cardiac arrest?
72. What are the names of the two non-shockable rhythms?
73. What is PEA?
74. What is another name for asystole?
75. After you administer a shock to the patient what is the next step you should do?
76. What is the location for the defib pads?
77. What does it mean to clear the patient prior to pressing the shock button?
78. What are the contraindications for the use of the defibrillator?
79. What are some of the safety hazards of using the AED?
80. What is an implanted cardiac pacemaker?
81. What is an implanted defibrillator?
82. What occurs in cardiac bypass surgery?
83. Why is it so important to check the AED battery each shift?

Chapter 18: Due Date__________

1. Define peritoneum.
2. What is the difference between the parietal and visceral peritoneum?
3. When dividing the abdomen into quadrants, what is the point of the 4 intersecting lines?
4. What is the function of the appendix?
5. Name all the hollow structures in the abdomen.
6. Where is the retroperitoneal space?
7. What structures are in the retroperitoneal space?
8. What part of the female reproductive organs lies in the pelvis and abdomen?
9. What divides the abdomen from the thorax?
10. Describe how visceral pain feels. Where does this pain originate?
11. What type of structure of organ causes intermittent, crampy or colicky pain?
12. Where does parietal pain originate from?
13. What might be the cause of parietal pain?
14. What illness causes tearing back pain?
15. What is referred pain? Give an example of it.
16. When a patient has digestive discomfort what do you always need to be suspicious of?
17. When a patient has abdominal discomfort what does it mean to be in a position of guarding?
18. Why do we put high flow oxygen on abdominal patients?
19. Last oral intake is very important to determine for abdominal discomfort patients. What are we specifically trying to determine with this part of the SAMPLE history?
20. What specific questions do we need to ask about GI problems to the patient under the “events leading to the emergency”?
21. What specific important questions do we ask females when assessing the abdominal pain patient?
22. What part of pregnancy does an ectopic pregnancy occur?
23. What are the two procedures for assessing the abdomen?
24. If older patients are on beta-blockers, what might this prevent during shock signs for this patient?
25. What are you looking for when you assess the abdomen?
26. Which quadrant do you palpate last in your patient?
27. What might it indicate if a patient has a pulsating mass in the abdomen?
28. How often do you take vital signs for patients with abdominal pain?
29. What might cause airway compromise with abdominal pain?
30. What are some special safety concerns with vomiting and diarrhea?
31. Some complaints of abdominal pain relate to digestive system problems. What are some examples of other disorders that cause abdominal pain?
32. What are the symptoms of appendicitis?
33. What is another name for gallstones?
34. People with gallstones often eat foods high in what?
35. Where is the pancreas located? Where does pain from this disorder radiate?
36. What are some signs and symptoms of an ulcer?
37. What is an AAA?
38. How serious is an AAA?
39. How do patients with an AAA describe their pain?
40. What is a hernia?
41. What is another name for renal colic?
42. What are some associate signs and symptoms of someone with renal colic besides pain?

EC Workbook Chapter 18 Pages 140-143

Chapter 19: Due Date_________

1. What is the body’s basic source of energy?
2. Where is insulin produced?
3. Why is insulin so necessary to metabolic function?
4. What is required for glucose to enter the cell?
5. When there is too much glucose in the blood, how does the body try to get rid of the excess?
6. Why does a patient become thirsty when they have such high sugar levels?
7. What is another name for sugar diabetes?
8. Why do some people develop diabetes mellitus?
10. What are the 4 ways that a diabetic can become hypoglycemic?
11. What happens when a person develops low blood sugar?
12. Is hypoglycemia rapid or slow onset?
13. What are the signs and symptoms of hypoglycemia?
15. What occurs to cause hyperglycemia?
16. Is hyperglycemia sudden or gradual onset?
17. What are some associated symptoms of hyperglycemia?
18. What sorts of clues might you find on or near the patient to help you determine whether or not they are diabetics?
19. What is glucotrol and micronase?
20. What sort of level of consciousness does your patient need to have in order to administer oral glucose?
21. What are the skin signs of a patient who is hypoglycemic?
22. Describe what it means for a hypoglycemic patient to have an intoxicated appearance.
23. What medication can we give to a diabetic patient who is having a possible hypoglycemic episode?
24. Name some diabetic related disease complications.
25. What does mg/dl indicate?
26. If you work in a system that does not allow you to measure blood glucose levels, who might you suggest to take the blood glucose level?
27. What is the item you prick a patient’s finger with called?
28. What blood glucose values are considered to be symptomatic diabetic?
29. What values on the blood glucose meter are considered hyperglycemic?
30. What are the indications for administering glucose paste?
31. What are the contraindications for administering glucose paste?
32. Why do we place an unconscious patient in recovery position?
33. What is the difference between Type I and Type II diabetes?
34. What 4 reasons could occur for a patient to develop hyperglycemia?
35. What are ketones?
36. Why do hyperglycemic patients get so thirsty?
37. What is diabetic ketoacidosis (DKA)?
38. What are the main differences between the presentation in signs and symptoms of hypoglycemia and hyperglycemia?
39. What are the differences in the skin signs between hypoglycemia and hyperglycemia?
40. What is another name for fruity breath? Which condition has fruity breath?
41. Why is it OK to give glucose paste to a patient if you are unsure whether they are hypoglycemic or hyperglycemic?
42. What are some other causes of altered level of consciousness?
43. What is a seizure?
44. What is a convulsion?
45. What is the most common cause of seizures in adults?
46. What is the most common cause of seizures in pediatric patients?
47. What is epilepsy?
48. What are important focused history questions one should ask regarding a seizure patient?
49. What is the treatment for a patient who actively is seizing in front of you?
50. Should you place something in the mouth of a seizure patient while they are seizing?
51. How long does the average seizure last?
52. Define status epilepticus.
53. What are typical findings for a patient in the clonic phase of a seizure?
54. What does the term postictal phase refer to?
55. What is another name for a tonic-clonic seizure?
56. What is a petit mal seizure?
57. What is a Jacksonian seizure?
58. Define CVA.
59. What are the two types of strokes?
60. What is a hemorrhagic stroke caused by?
61. What causes so many different signs and symptoms in a stroke?
62. What are the most common signs of stroke?
63. What is a stroke symptom more common with a ruptured blood vessel?
64. Define aphasia.
65. What is a TIA?
66. What is the longest amount of time symptoms of a TIA last?
67. Describe the Cincinnati Stroke Scale.
68. What would you expect for a blood pressure in the stroke patient?
69. What situations mimic stroke symptoms?
70. How do you transport a patient (what position) who has had a stroke?
71. Why is time such a factor for evaluating and treating a stroke patient?
72. Define syncopy.
73. What is vertigo?
74. What is near-syncopy?
75. How long does syncopy last?
76. What is incontinence?
77. What are the most common causes of syncopy and dizziness?
78. Name some common causes of hypovolemia.
79. What does it meant that a patient has metabolic causes of syncopy or dizziness?
80. What does the inner ear have to do with dizziness?
81. What is the most commonly used and abused drug?
82. What is occurring metabolically that a patient becomes dizzy when they have a panic attack?
83. How can turning your head when wearing a shirt with a tight collar sometimes cause your heart rate to slow down?
84. What is vasovagal syncopy?
85. What is the treatment for a patient who gets dizzy?
1. Define fetus.
2. What is another name for womb?
3. The entrance to the birth canal is also called what?
4. In what organ does the exchange of oxygen, nutrients and waste products occur between a mother and a developing baby?
5. The “bag of waters” is also called what?
6. What is a normal presentation of a baby at birth called?
7. What is it called when a baby is born buttocks or foot first?
8. Describe the 2nd stage of labor?
9. What stage of labor is it when the placenta is delivered?
10. What stage of labor is the dilation period?
11. Describe what meconium staining is and why it is so dangerous for a newborn.
12. Explain how to time a contraction.
13. What is the item in the OB kit that is used for airway management?
14. When should you stay on scene for a delivery versus transport the mother to the hospital?
15. What question do you ask the mother during labor to ascertain whether or not the baby might be crowning?
16. What is crowning?
17. What are indications that birth is very near?
18. What should you do if delivery occurs in the ambulance during transport?
19. What is supine hypotension?
20. What is the treatment to prevent supine hypotension?
21. What are a baby’s fontanelles?
22. What should you do if the amniotic sac has not broken and the baby’s head is delivering?
23. What is meconium staining caused by?
24. When should you check for the presence of the umbilical cord around the baby’s neck?
25. What should you do if you can not get the umbilical cord off the baby’s neck?
26. Which do you suction first: the baby’s mouth or nose?
27. As soon as the baby is delivered how do you position the baby for care and assessment?
28. What does APGAR stand for?
29. When is the APGAR scored?
30. What is the highest APGAR scoring?
31. What are the 5 priorities of care at the top of the inverted pyramid of neonatal resuscitation?
32. What should you do if the infant is not breathing on their own after 30 seconds of drying and stimulation?
33. If you must use a BVM on a newborn, how many breaths per minute do you ventilate the newborn?
34. At what heart rate level do you initiate chest compressions to a newborn?
35. How many chest compression per minute should you do on a newborn who needs CPR?
36. After a baby’s birth what do you check for in an umbilical cord?
37. What is vernix?
38. What PPE should you be sure you have on when cutting the umbilical cord?
39. What should you do with the placental membranes after they are delivered?
40. How much blood loss is normal in a delivery?
41. What do you do if there is excessive postpartum bleeding? Define perineum.
42. What is the most common abnormal delivery?
43. Why is rapid transport so important during breech presentation?
44. How do you position the mother for a breech delivery?
45. What is a prolapsed cord and why is it so dangerous to the baby?
46. When you insert your gloved hand into the mother’s vagina during a prolapsed cord what are you trying to accomplish?
47. What does it mean when the book says to keep the mother, baby and EMT-B as a unit during prolapsed cord presentation?
48. What is the treatment for a limb presentation?
49. What is the definition of a premature infant?
50. What are premature infants at higher risk for?
51. Why should you not breathe on a premature infant’s face?
52. What is different in the care of a newborn with meconium staining in the amniotic fluid?
53. Define placenta previa.
54. What is bleeding early in pregnancy usually due to?
55. What is the condition in which the placenta separates from the uterine wall called?
56. What trimester does placenta privia and abruptio placentae occur?
57. Should you pack the vagina when there is excessive prebirth bleeding?
58. Define ectopic pregnancy.
59. In what part of pregnancy do ectopics occur?
60. What are the signs and symptoms of an ectopic pregnancy?
61. Define eclampsia.
62. What are some associated symptoms of eclampsia?
63. When transporting a woman with eclampsia, why is it so important to handle her gently?
64. What is another name for a miscarriage?
65. What are the signs and symptoms of a miscarriage?
66. What is the most common cause of blunt trauma in pregnancy?
67. Besides harm to the baby in blunt trauma what are frequent related injuries to the mother?
68. What are some normal expected vital sign changes as a result of pregnancy?
69. What percentage of blood volume increase occurs during the last trimester?
70. What is the increased oxygen requirement for women in late pregnancy?
71. How should you position a pregnant patient after she is immobilized on the spine board?
72. Define stillborn.
73. What should you do if a woman in advanced pregnancy dies in a trauma event.
74. What is the most serious complication of vaginal bleeding?
75. What is generally preferred during emergency care of a sexual assault?
76. What should you discourage a victim of sexual assault to do?
Chapter 31: Due Date___________

1. How do we categorize children in broad categories?
2. What ages are considered to be toddlers? Adolescents?
3. According to Table 31-1:
   - How should the parents participate in the assessment for an infant?
   - Which part of the infant should you examine last?
   - What should you do with a toddler you need to undress to examine?
   - What do school age children fear?
   - What do adolescents fear?
4. What are fontanelles and what are bulging fontanelles a possible sign of?
5. What does it mean that newborns are obligate nose breathers?
6. Why are infants and children more prone to hypothermia?
7. Why are lungs in children more easily damaged than those of adults in trauma?
8. What is unique about a child’s head in comparison to the head of an adult?
9. What might a sunken fontanelle indicate?
10. Compare a child’s airway structures to those of an adult.
11. What consequences does the lack of musculoskeletal development have on children in regards to injury?
12. What consequence does the large body surface of a child have on maintaining body temperature?
13. How much blood volume does a newborn have?
14. What sorts of things increase a child’s fear at an emergency scene?
15. What sorts of things prevent adolescents from communicating with care givers when they are being assessed?
16. What are some strategies to communicate with a parent whose child has been injured?
17. What are the 3 parts of the pediatric assessment triangle?
18. What specific things do you observe for when checking for appearance?
19. What are some things to watch for that would indicate poor general appearance in a child?
20. What does tone or body position tell you about a sick child?
21. Where do you check for capillary refill in children?
22. At what age do we usually start assessing blood pressure as a routine in children?
23. What is the formula for determining normal blood pressure ranges for children?
24. What is the normal respiration rate for an adolescent?
25. How is it recommended to conduct a physical exam on a young child?
26. How can you use a toy to your advantage when examining a child?
27. At what ages do most children manifest modesty regarding having their clothes removed?
28. Define the sniffing position. How do you keep an infant’s head in neutral?
29. Can you place OPAs in children or infants?
30. What are the signs and symptoms of partial airway obstruction in the pediatric patient?
31. What is the treatment for a partial airway obstruction in a pediatric patient?
32. What are the signs and symptoms of complete airway obstruction in a pediatric patient?
33. What is the complete airway obstruction maneuver for a conscious infant?
34. What sort of oxygen administration device is contraindicated for infants and children?
35. What are the causes of shock in children?
36. What is the treatment for shock in the pediatric patient?
37. Except for trauma, what is the likeliest cause of cardiac arrest in children?
38. What are the signs and symptoms of croup?
39. What does the cool night have to do with patient care of a child with croup?
40. What is the age group of children who develop epiglottitis?
41. What is stridor?
42. Why is it so important that you do not place anything in the mouth of a child that has epiglottitis?
43. Why is it so important to handle a patient with epiglottitis so gently?
44. What are the primary symptoms of meningitis?
45. What sort of BSI should the EMT-B wear with a possible meningitis patient?
46. What sorts of things cause fevers in children?
47. How should the EMT-B assess a child’s skin temperature?
48. What does a fever with a rash indicate in a pediatric patient?
49. How do you cool a feverish child?
50. Why do you not use alcohol to cool a pediatric febrile patient?
51. What is the most common cause of seizures in infants and children?
52. What sorts of poisons can burn a child’s gastrointestinal tract?
53. What sort of poisoning can cause bloody vomit and diarrhea in a child?
54. What sorts of things are considered petroleum products?
55. What is secondary drowning syndrome?
56. How do you treat for hypothermia in the near drowning patient?
57. What does SIDS stand for?
58. About how many babies die each year of SIDS?
59. What is the number one cause of death in children?
60. What are some common injuries to a child of an auto versus bicycle accident?
61. What is a common secondary effect of a head injury in pediatric patients?
62. What are some common types of injuries to children struck by airbag deployments?
63. What is the height of a fall to an infant in which a serious head injury could occur?
64. Why do children stop breathing so much more easily than adults?
65. Review the rule of 9s for pediatric burns in chapter 27, page 617.
66. What are two methods to immobilize children with possible spinal injuries?
67. What are the forms that child abuse can take?
68. What is a battered child?
69. What are some of the physical injuries you could find with child abuse?
70. What causes stocking burns?
71. What are some things to observe in the adult care giver of a possible child abuse patient?

EC Workbook Chapter 31 Pages 255-260

Chapter 21: Due Date__________

1. Define poison.
2. Define toxin.
3. What population of people has a more serious reaction to poisonous substances?
4. What are the signs and symptoms of acetaminophen overdose?
5. What are the signs and symptoms of insecticide overdose or exposure?
6. What are the 4 classifications of poisons?
7. Give an example of an injected poison/
8. Why is it dangerous to give mouth-to-mouth ventilations to an individual who has ingested a poison?
9. What questions should be asked on the patient assessment of a possible ingested poison?
10. What are the most common signs and symptoms of food poisoning?
11. Why does some food cause food poisoning?
12. What are the indications for giving activated charcoal?
13. What are the contraindications for giving activated charcoal?
14. What action does activated charcoal have on a poisonous substance that was ingested?
15. What are the most common side effects for a patient who has been administered activated charcoal?
16. Why is syrup of ipecac not used much today in pre-hospital care for overdoses?
17. If medical direction gives you an order to dilute a poison that was ingested, what does this usually mean?
18. Define antidote
19. What should you do if you find pill fragments in the patient’s mouth?
20. What age group is the most frequent victim of accidental poisoning?
21. If someone is reported to be unconscious in an area where there is potentially a poisonous gas release, what should you do as an EMT-B?
22. What is the most important drug treatment in an inhaled drug overdose of noxious fumes?
23. What sort of patient management problems and treatment needs would you anticipate during inhaled poison calls?
24. What are the signs and symptoms of CO poisoning?
25. What are common signs and symptoms of smoke inhalation?
26. What are some common signs and symptoms of absorbed poisoning?
27. What should you do for a possible dry powder chemical exposure?
28. When calling for medical direction, what sort of information will the hospital want to know about the poison you will be asking about?
29. What is the most important treatment with an absorbed poison?
30. Why do you not want to neutralize acids or alkalis?
31. What sort of effect does alcohol have on a person’s body?
32. What number of people abuse alcohol in the United States?
33. How many people die annually in alcohol related medical conditions?
34. What are some typical medical problems of chronic drinkers?
35. What is the Poison Control Center’s phone number?
36. When should EMT-Bs call Poison Control?
37. Where do EMT-Bs usually get their advice for medical calls regarding poisonings?
38. What are some signs and symptoms of alcohol poisoning?
39. Define withdrawal.
40. What are delirium tremens?
41. What are some symptoms of withdrawal from drugs or alcohol?
42. Why do you need to be so careful when treating alcohol related illnesses with potential head injury?
43. Can a patient under the influence of alcohol make an informed refusal of treatment or transport?
44. Define uppers.
45. How is cocaine taken into the body?
46. What sort of response do uppers have on a patient’s nervous system?
47. What is the normal legal use for narcotics?
48. Define downers.
49. What is rohypno also known as?
50. What is GHB? Why do people take GHB? What are some dangerous side effects to this drug?
51. What are some signs and symptoms of narcotic overdose?
52. Name several hallucinogenics.
53. What is MDMA? What is the common name for it? What sort of properties does it have?
54. What are some examples of volatile chemicals?
55. What are some typical signs and symptoms of hallucinogens?
56. What are “track” marks and where do you usually look for them?
57. What should you do if you are treating a drug overdose and the patient becomes violent?

EC Workbook Chapter 21 Pages 160-167

Chapter 23: Due Date__________

1. Define behavioral emergency.
2. There are 7 things listed on pages 512-513 that cause altered behavior. List them.
3. Describe the presentation of a patient with low blood sugar.
4. What are some of the unusual behaviors of an individual with head trauma.
5. What sorts of emotions are displayed during times of extreme stress.
6. Why is it so important to act unhurried in behavioral emergencies?
7. When do we decide that behavior is probably due to psychiatric problems instead of physical problems?
8. Why do you want to stay about 3 feet away from a patient when evaluating a psychiatric emergency?

9. List the common presentation or symptoms of patients experiencing psychiatric emergencies.

10. If a patient is hallucinating what should you do or not do?

11. What is the 3rd leading cause of death between individuals 15-24 years of age?

12. What do elderly often suffer from?

13. Who might become suicidal?

14. What are some of the reasons people try to commit suicide?

15. What are some of the ways people try to commit suicide?

16. During a possible suicide call, what is your first concern?

17. List some factors that increase the risk for a suicide attempt.

18. Why is sudden improvement from depression a possible risk factor for suicide?

19. When should you perform a detailed physical exam on an attempted suicide patient?

20. What are some causes of aggressive or disruptive behavior?

21. Describe a combative or aggressive patient stance.

22. Why should you stay out of kitchens when dealing with aggressive patients?

23. What should you do if a patient becomes violent?

24. List the bullet points on page 517 that describe an aggressive patient presentation.

25. Who should be helping restrain the aggressive patient?

26. Define reasonable force.

27. Why is it so important to get law enforcement involved especially when restraining patients?

28. Should you remove restraints once a patient appears to be rational?

29. What is the minimum number of individuals a team should have when restraining a patient?

30. Define positional asphyxia.

31. What can you do to protect yourself if a patient begins to spit?

32. What should you document when restraining a patient?

33. Why is it so important to position a patient supine?

34. When does the law provide for EMT-Bs to transport a patient against their will?

35. What precaution can be taken to prevent a patient from accusing care givers of sexual misconduct?
4. In Case #2 why did the base physician have the EMT-B withhold the second nitroglycerin? Why did a GI bleed in an angina patient possibly lead to an episode of chest pain?
5. In Case #3 why did the base station physician decide to administer epinephrine to the pregnant patient?
6. In Figure 25-2 when do you consult medical direction even if it is not required by protocols according to the algorithm?
7. On page 607 what is the appropriate course of action for the EMT when a chief complaint has no specific treatment such as with abdominal pain? What should be done with a post surgical incision that has opened?
8. On page 607 there are 4 bullet points about important principles for common problems that don’t have specific interventions. Explain the importance of bullet point #4 and how it will help the patient.
9. What should you do if a patient tells you he is having problems with a disease he names and it is one you have never heard of before?

EC Workbook Chapter 25 Pages 185-208

Chapter 36: Due Date ________

1. Define hazardous material.
2. Explain what the control zones of hot, warm and cold are in hazardous material incidence.
3. How does a responder identify a hazardous sign or label from a safe distance?
4. What is an NFPA 704 System?
5. What does the blue color stand for in the 704 system?
6. What is the ERG?
7. What is an MSDS and why is it important in identifying hazardous materials?
8. What class of hazards are radioactive materials?
9. What is CHEMTREC?
10. During a hazardous materials operations where does EMS personnel stage?
11. What are the 2 responsibilities of EMS during a haz mat operation?
12. What causes heat injuries during the haz mat incident?
13. Define decontamination.
14. Where do chemicals settle in to cause secondary contamination?
15. What is gross decon?
16. Why is a PA system used during a haz mat incident?
17. What is an MCI?
18. What is a disaster plan?
19. Where was ICS originated?
20. What is span of control?
22. What is the problem with freelancing?
23. Define triage.
24. What is another name for the walking wounded?
25. In start triage, what does the RPM stand for?
26. How much time do you have per patient to evaluate during an MCI using start triage?
27. What color tag is a walking wounded?
28. What is a treatment officer?
29. Who communicates with the hospital during an MCI?
30. What is CISD?

EC Workbook Chapter 36 Pages 292-295

Chapter 20: Date Due__________

1. Define anaphylaxis.
2. What is an allergen?
3. What sorts of foods cause anaphylaxis?
4. Why do severe latex allergies occur?
5. Describe what hives look like.
6. What are the respiratory symptoms of a patient having an allergic reaction?
7. What are the most serious signs and symptoms a patient will have during anaphylaxis?
8. What is an autoinjector?
9. What kind of chemical is epinephrine?
10. What good effects does epinephrine provide that helps in anaphylaxis?
11. What sorts of patients would epinephrine be dangerous to administer to?
12. What are the side-effects of epinephrine?
13. What is the milligram dose of epinephrine for an adult? For a child?

EC Workbook Chapter 20 Pages 152-154

Chapter 22: Date Due__________

1. What is wind chill?
2. Give an example of heat lost due to conduction.
3. What kind of heat loss is wind chill?
4. Where does most radiant heat get lost in a patient’s body?
5. Give an example of heat loss by evaporation.
6. Define hypothermia.
7. Give 7 predisposing factors to hypothermia.
8. Why do infants not shiver very much, even when they are cold?
9. At what temperature does shivering decrease and is replaced by muscular rigidity?
10. What are some things you can do to prevent a patient from becoming hypothermic if they are entrapped for a period of time?
11. What are the signs and symptoms of hypothermia?
12. Define passive warming.
13. Why is active warming considered sometimes to be dangerous?
14. What is central rewarming and why is it important?
15. What might occur if you roughly handle someone with hypothermia?
16. Is it good to give a hypothermic patient coffee?
17. How can it be possible to have a cold, unconscious patient alive with no discernible vital signs?
18. How long should you assess a carotid pulse in a hypothermic unconscious patient?
19. Why is it said, “you are not dead until you are warm and dead”?
20. Describe the progression of localized cold injuries.
21. What is the very first patient care that is given in patients with local cold injuries?
22. How does the skin appear when it has frostbite?
23. Why do you splint local cold injuries?
24. Why do you not allow patients to smoke or drink alcohol who are being treated for local cold injuries?
25. Is it good to rub snow on a frostbitten area?
26. What temperature should the warm water be that is used to rewarm an area with frostbite?
27. Define hyperthermia.
28. How does high humidity effect heat related injuries?
29. What sorts of conditions can intensify the effects to heat exposure?
30. How much perspiration can be lost when a person is exercising?
31. What are the signs and symptoms of heat exhaustion?
32. What are a person’s skin signs with heat exhaustion?
33. How should you position a person who has heat exhaustion?
34. Define heat stroke.
35. What are the signs and symptoms of heat stroke?
36. Where should you apply ice pack to individuals with heat stroke?
37. In what percentage of drowning victims is alcohol a contributing factor?
38. Define near drowning.
39. Why do cold water drownings increase a persons chance of survival over warm water drownings?
40. In a drowning where there is profuse gastric distension due to water in the stomach, what care should you do?
41. What must you assume in all water related injuries regarding the neck and spine?
42. How long do you take a pulse for during cold water rescue situations?
43. What does SCUBA stand for?
44. How does a scuba diver get an air embolism?
45. What is decompression sickness?
46. Why is flying in an airplane so dangerous after scuba diving?
47. What are the signs and symptoms of an air embolus?
48. What are the signs and symptoms of decompression sickness?
49. What is the Diver Alert Network?
50. What is a hyperbaric trauma center?
51. Give an example of some objects that float that you can throw to a person who is drowning.
52. Define venom.
53. Do scorpion stings ordinarily cause death?
54. What are some signs and symptoms of insect bites and stings?
55. Explain what a lymphatic constricting band is and when to use it with bites.
56. What are the 2 types of poisonous snakes in the United States?
57. What are the symptoms of a snake bite?
58. With venomous marine life stings, what do you rinse the affected area with?

EC Workbook Chapter 22 Pages 170-176

Chapter 34: Date Due__________

1. Who issues the specifications for ambulances?
2. Who makes the recommendations for what equipment should be carried on an ambulance?
3. Why do ambulances carry the EPS registered intermediate level disinfectant?
4. What is the dilution of bleach to water for a spray bottle disinfectant?
5. What is a Reeves stretcher used for?
6. What is another name for a scoop stretcher?
7. What specialty work is a stoke stretcher used for?
8. What are the 2 oxygen supply systems that an ambulance is required to have?
9. What size oxygen reservoir do most ambulances carry?
10. Where would you see a hydrostat test date on an oxygen cylinder?
11. A fixed suction system must pull what amount of vacuum?
12. What is a “thumper”?
13. What is the minimum amount of spine boards an ambulance must carry?
14. What is in a poison control kit?
15. What book is required to carry on an ambulance for hazardous control calls?
16. How do you test the ambulance’s parking brake?
17. Do you check transmission fluid levels with the ambulance running or not running?
18. What do EMDs do?
19. What are some qualifications to be a safe ambulance operator?
20. What does it mean that emergency vehicle operators are granted certain exemptions with regard to traffic laws?
21. What does it mean to drive with “due regard”?
22. When is immunity not granted to emergency vehicle operators?
23. Are emergency vehicle operators exempt from passing a school bus with its red lights flashing?
24. What is the most misused warning device on the ambulance?
25. What happens to ambulance speed when inexperienced operators sound a siren?
26. What happens in an ambulance with excessive speed?
27. Name some factors that affect response in an ambulance?
28. How should an ambulance be parked at the scene of an accident?
29. What is the roll of a spotter when an ambulance is backing?
30. What does the term packaging mean?
31. What are the series of tasks an EMT-B does during transport of a patient?
32. What should you do if cardiac arrest occurs while you are transporting a patient to the hospital?
33. What does it mean to transfer care of a patient to hospital staff?
34. Should you transport a patient in cardiac arrest via helicopter?
35. How do you describe a landing zone to the air rescue service?
36. What are some dangers around helicopters?

EC Workbook Chapter 34 Pages 275-279

Chapter 37: Date Due__________
1. What does CBRNE stand for?
2. What is WMD?
3. Explain what a secondary device is.
4. What sort of hazard uses time, distance and shielding as its exposure control measure?
5. What is an asphyxiant?
6. What are the 4 major routes of entry for WMD agents?
7. What is a vector?
8. What is the most common and effective means of disseminating material in a WMD event?
9. What does a vesicating agent cause?
10. Antidote kits work on primarily what kind of agents?
11. What does the term virulence refer to in an organism?
12. What therapy counteracts the effects of anthrax?
13. What sort of PPE is most important to wear when dealing with plague organisms?
14. What are the symptoms of a small pox exposure?
15. What is a “dirty bomb”?
16. What are the 4 points of tactical considerations when responding to a WMD?

EC Workbook Chapter 37 Pages 302-304

Chapter 38: Date Due__________
1. What is the carina?
2. Define endotracheal tube.
3. What does it mean to intubate a patient?
4. What is a laryngoscope?
5. Define hypoxia.
6. What are the advantages of intubation in an apneic patient?
7. Name 7 complications of intubation.
8. Why is BSI so important during intubation?
9. What are the 2 general types of blades on a laryngoscope?
10. Where is the glottic opening?
11. Where does a curved blade get placed in the patient’s airway?
12. What is the Murphy eye of an ET tube? What is its purpose?
13. Uncuffed tubes are used on what age children?
14. What is the most important number to note on the ET tube?
15. What is a stylet?
16. What shape should you put the ET tube in prior to insertion?
17. What is a concern regarding the stylet when it is inserted in the ET tube?
18. Why is it important to secure an ET tube once it is places?
19. What are the indications of intubation?
20. How many attempts are allowed for intubation?
21. What should be done after an ET tube is correctly placed and secured?
22. What is the function of a straight blade versus a curved blade of a laryngoscope?
23. What does it mean to visualize the cords?

EC Workbook Chapter 38 Pages 307-311

Chapter 32: Due Date _________

1. During a call that has advanced medical devices such as a feeding tube or ventilator, how can the EMT obtain guidance in the devices use and function?
2. Why is it so important to verbally explain to a special needs patient what you are doing while working on that patient?
4. What is CPAP? What conditions does it help alleviate?
5. What is the difference between a tracheostomy and a stoma?
6. Can a patient with a tracheostomy speak?
7. Explain how to suction a blocked tracheostomy or stoma.
8. What should an EMT do if there is a mechanical failure or a need to transport a patient on a ventilator?
9. What is an AICD? How can it be turned “off”? Can an EMT be shocked if touching a patient while their AICD is delivering a shock? Can a patient with an AICD operate a chain saw safely?
10. How does an LVAD operate and what does it do for the patient?
11. What type of patient use a feeding tube? What is the difference between an NG tube and a G-tube?
12. What are some common problems EMS workers see with urinary catheters?
13. What is an ostomy bag?
14. What type of patients require dialysis? How frequently does a patient usually require dialysis? How long does the procedure usually take?
15. What is an AV shunt?
16. What is perioteal dialysis and how is it performed?
17. What sort of patients would require a central IV catheter line?
18. What is a PICC line?
19. What is aphasic? What sort of considerations would you have with this type of patient?

EC Workbook Chapter 32 Pages 267-268

Chapter 33: Due Date _________

1. What is the fastest growing age group in America?
2. Starting at what age do organs begin to lose their function?
3. What is the 1% rule?
4. What questions can you ask to distinguish between a chronic condition and a new one in the geriatric patient?
5. What does it mean to have “hazy complaints”?
6. Why are older patients more likely to have falls than younger patients?
7. Why is suicide risk such a problem with the elderly?
8. What does it mean that some confusion in the elderly is normal?
9. How should the EMT-B address an elderly patient?
10. What are some typical visual effects due to aging that affect elderly patients?
11. Why is irregularity of pulse in elderly not a concern all on its own?
12. Give an example of confabulation.
13. What happens to the skin of elderly patients that requires us to be as gentle as possible?
14. What 2 things cause the majority of injuries to the elderly over 65 years old?
15. Why is the hip such a common fracture in the elderly?
16. What factors lead to noncompliance with medications in the elderly?
17. What is a NSAID? What dangerous side effect might they have?
18. Why is it that drug doses that are good for 30 year old may not be good for the elderly?
19. What is meant by drug-drug interactions?
20. Why is it that elderly patients may experience a cardiac event as simply shortness of breath?
21. How is the “Q” (quality) of a thoracic aortic aneurysm often described?
22. What is the 4th leading cause of death in the elderly?
23. What is diverticulitis? How does this present as a chief complaint?
24. What are some signs and symptoms of internal bleeding of the intestinal tract?
25. What is a pacemaker a treatment for?
26. What segment of the population is the most successful in committing suicide?
27. What are dermatomes?
28. What causes shingles?
29. What is a problem with contact of shingle lesions for an EMT-B?
30. How can EMT-Bs help to prevent falls in the home of an elderly patient?
31. What percentage of elderly patients are dead within a year of a fall?

EC Workbook Chapter 33 Pages 271-272

Chapter 35 Date Due _______

1. Name the 10 minimum specialty rescue teams that some communities could have.
2. What is extrication?
3. What is the highest priority during extrication?
4. At what phase of rescue do you evaluate hazards and calculate need for additional resources?
5. What are some signs that a car is equipped with airbags?
6. When doing a rescue from a vehicle why should you not stand at the front bumper of the car?
7. What unsafe act by the rescuer contributes most to collision scene injuries?
8. What does the term working in the “inner circle” refer to in a rescue operation?
9. What are all highway workers required to wear?
10. What does it mean to “match” PPE level?
11. During rescue situations, what is recommended for hand protection?
12. When positioning flares, how far apart should they be set to channel vehicles into an unblocked lane?
13. True or false: once a wire is dead it cannot be re-energized.
14. What is the phenomenon known as ground gradient and how would you know it was happening on one of your calls?
15. Where is the A post on a vehicle?
16. Catalytic converters can be a source of ignition for a fire. Where are they usually located in the vehicle?
17. Why should you disconnect the ground cable and not the positive cable when disabling the battery?
18. What are some ways that a rescuer can make a vehicle safer for rescue operations?
19. What are some methods to stabilize a car on its side?
20. What is a Nader pin and how has it complicated rescue efforts?
21. What is the difference between laminated and tempered glass?