

Module 3 Exam Review

This exam will cover the entire content of chapters 8, 9 and 33, and 34. You are responsible for all of the information contained within these chapters. Know your medical and trauma sheets front to back. Questions place you in the middle of the sheet and you will be asked to identify the next step.

Review

- What constitutes a patent airway (coughing good! Hint, hint.)
- What is the next step after you open the airway?
- Next step after no pulse no resps.
- Checking skin color in darker pigmented people
- Next step after blood in the mouth
- B/P taking- stethoscope goes where?
- How do you open the airway (trauma vs. non trauma)
- Refusals (informed)
- Vitals should be checked every ____ min for stable vs. ____ for unstable patient
- Subcutaneous Emphysema

(Chapter 8) Know your medical/Trauma sheets (word for word and in order)!!!!!!!!!!!!!!

- General impression (what you see)
- Main purpose of the focused history in medical
- Stable patients with no significant MOI: (focused, rapid,)
- Goal of the rapid trauma physical and when you use it
- Recumbent position (side)
- Most bleeding is controlled by what?
- DCAPBTLS (what it stands for) and what each one is
- Chief complaint

(Chapter 9) Communications

- Simplex vs. Duplex
- Transmission signal (weak vs strong)
- Poorly written reports mean what? (if you didn't write it, it didn't happen)
- Correcting errors in written reports
- Most important function of the pre-hospital care report (ie #1 on the list)
- What not to say on the radio
- What information dispatch normally gives when calling you out. (memorize the list)
- If you can't get a hold of dispatch, with a hand held radio what do you do
- Standing orders and protocols (when you use them)
- The orders seem inappropriate from Meds C., what do you do?
- Know the functions of the FCC
- Giving a patient report (7 steps)

- Base station
- Guidelines for effective communication (via radio)
- Next step after you get orders for intervention
- Slander
- Instances that require reporting

(Chapter 33) Geriatric Emergencies

- **GEMS**
 - what it is used for
 - how you use it
- Collagen
- What body system affects the assimilation of medications
- Head trauma in elderly is affected by
- AAA
 - what it is
 - what causes it
- How suicide is different for the elderly than normal adults
- DNR's
- Elder abuse
 - Likely victims

(Chapter 34) Geriatric Assessment

- Fractures to the pelvis occur in the elderly because?
- Multiple prescriptions (what it's called and why it's a risk factor)
- Baseline Vital Signs how they change or can be affected with age
- In order to properly determine LOC you need to know how they are acting now, and how they normally act (ie baseline loc)
- Common signs of infection
- How do you effectively communicate with patients? (be patient, be respectful, call them Mr/Mrs, Sir/Ma'am)
- How do you splint a possible hip fracture and what bones are commonly injured
- How do you cut down on distractions and confusion when talking to this type of patient
- Is decreased LOC normal in the elderly?
- Kyphosis-what it is, how do you compensate for it
- Compression fractures (couple of different questions)

Know your medical/Trauma sheets (word for word and in order)!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

The following list consists of pages from the textbook that we **Highly** recommend you read and re-read several times. Although it is important that you read and understand all of the information provided to you within the chapters you may want to place extra emphasis on the information provided on these specific pages.

271, 272 , 275 , 277 ,278 , 279 , 283 , 284 , 289 , 293 , 317 , 319 , 322 , 324 , 325 , 326 , 328 , 333 , 335 , 336 , 1005 , 1006 , 1007 , 1008 , 1010 , 1012 , 1013 , 1015