

Outdoor Emergency Care 5th Edition

OEC 5E Orientation Exercise (Module)

Introduction: The new 5th Edition of Outdoor Emergency Care is now the Standard of Training for all current OEC technicians. All persons seeking to become OEC-T's will be using this text in their OEC courses. All current OEC technicians will need to participate in updates that will be conducted this year throughout the NSP system. These updates may take various forms. They will be part of the requirements for the annual recertification program which will include Cycle A objectives. In order to assist the OEC-T to become familiar with the new text and the new content in the text, this exercise has been developed. As a recertification requirement this year, every OEC-T will need to complete the exercise to demonstrate that he or she has reviewed the content and is familiar with the new material that is contained within. The OEC Training Staff will determine how the new material will be integrated into their local training sessions. They will also determine how to teach, and determine proficiency in, the new OEC skills.

Directions: You are required to complete this exercise to the best of your ability and provide the completed form to your Instructor of Record at your 2011 OEC Annual Refresher, unless instructed otherwise. All questions can be found in the textbook. Space is provided for you to indicate the page number where you find the answers. You may wish to refer back to these pages during your training session. In addition to the questions, you will be asked to review some OEC Skills. These are presented using photographs or diagrams in various chapters and are labeled as such, along with a skill number.

OEC 5E Orientation Exercise

Name _____

Chapter 7 Patient Assessment

STU

1. Which of the following statements regarding the primary assessment is not true? _____
 - a. Its purpose is to quickly identify and correct any potential life threatening problems that may be present.
 - b. It is conducted only on trauma patients.
 - c. It should take 30–60 seconds to complete.
 - d. Patient assessment and patient management often occur simultaneously.

2. The ABCDs of primary assessment stand for _____
- a. airway, breathing, circulation, disability.
 - b. airway, bleeding, circulation, disability.
 - c. airway, breathing, circulation, deformity.
 - d. auscultation, blood pressure, correction, discovery.
3. “AAO _ 4” means _____
- a. awake, alert and oriented, checked four times at 5-minute intervals.
 - b. awake, alert, and oriented to person, place, time and situation.
 - c. awake, alert, and oriented to person, place, and time.
 - d. awake, alert, and oral answers are correct.
4. The three components of the Glasgow Coma Scale are _____
- a. best eye, verbal, and motor responses.
 - b. assessment of pulse, respiration, and motor skills.
 - c. assessment of pulse, respiration, and mentation.
 - d. best response to grimace, circulation, and sensation.

Chapter Questions

5. The assessment referred to as tandem gait checks for _____
- a. a subtle injury or neurological deficit
 - b. whether or not the patient’s arms move equally
 - c. whether or not the patient’s pupils react equally.
 - d. whether grip strength is equal in both hands.
6. Orthostatic hypotension is defined as _____
- a. a condition in which a patient has an abnormally low blood pressure.
 - b. a condition in which a patient’s blood pressure increases when the patient stands up.
 - c. a condition in which a patient’s blood pressure decreases suddenly when the patient stands up.
 - d. a condition in which blood pressure is controlled by taking antihypertension medication.

Review the following **Skill Guides**:

Patient Assessment I have reviewed this Skill Guide _____

Patient Assessment—Trauma Patient I have reviewed this Skill Guide _____

Patient Assessment—Medical Patient I have reviewed this Skill Guide _____

Chapter 9 Airway Management

STU

7. The mnemonic SLIC stands for _____

- a. size, length, intubate, compress.
- b. suction, lubrication, insertion, compression.
- c. suction, lubrication, insertion, control.
- d. size, lubricate, insert, check.

Chapter Questions

8. Pulse oximetry provides rescuers with what data? _____

- a. Hematocrit level
- b. Patient's respiratory rate
- c. Absolute data to determine whether or not oxygen administration is needed
- d. Quantitative data regarding the effectiveness of a patient's ventilatory efforts

Review OEC Skill 9-2 Inserting a Nasopharyngeal Airway I have reviewed this skill _____

Review OEC Skill 9-3 Inserting an Oropharyngeal Airway I have reviewed this skill _____

Chapter 10 Shock Management

STU

9. Stroke volume is defined as _____

- a. the amount of blood pumped by the heart with each contraction.
- b. the amount of residual blood remaining in the heart after a contraction.
- c. the amount of blood pumped in one minute.
- d. the amount of blood that completely fills the arteries at any given time.

Matching

10. For each of the following descriptions, indicate the type of shock that applies.

_____ 1. Obstructive shock

_____ 2. Distributive shock

_____ 3. Hypovolemic shock

_____ 4. Cardiogenic shock

a. Occurs when blood moving from the heart to the arterial circulation is blocked

b. Results from a critical drop in circulating blood volume

c. Occurs when blood vessels lose their ability to constrict properly

d. Is often caused by a severe allergic reaction

e. Is caused by a loss of body water through vomiting or diarrhea

f. Is caused by heart failure

g. Is also known as “hemorrhagic” shock

h. Can be caused by latex, bee stings, or peanuts

i. Is caused by blood pooling in the pericardium

j. Has a slow onset and is associated with severe head or spinal trauma

k. Includes septic, anaphylactic, and neurogenic shock

l. Can be caused by tension pneumothorax

11. This type of prescription (RX) can exacerbate shock by limiting or preventing the clotting of blood.

a. A narcotic

b. A beta blocker

c. An anticoagulant

d. An analgesic

Section 4 – Medical Emergencies

Chapter 11 Altered Mental Status

STU

12. Match each of the following terms with its definition.

_____ 1. Alcohol

_____ 2. Insulin

_____ 3. Tumor

_____ 4. Aura

_____ 5. Polydypsia

_____ 6. Acidosis

_____ 7. Polyuria

a. An abnormal growth of cells that may be benign or malignant

b. A chemical that depresses CNS function

c. A decline in body pH below normal

d. A pancreatic hormone that regulates blood sugar levels

e. A subjective sensation that precedes a seizure

f. Excessive excretion of urine

g. Excessive thirst and fluid intake

13. For each of the following signs or symptoms, indicate whether the

CNS malfunction is global (G) or focalized (F).

_____ a. Decreased level of responsiveness

_____ b. Delirium

_____ c. Motor weakness

_____ d. Hallucination

_____ e. Balance problems

_____ f. Vision loss

_____ g. Speech abnormalities

_____ h. Combativeness

_____ i. Delusions

14. Indicate for each of the following characteristic of diabetes whether it refers to Type 1, to Type 2, or to both.

_____ a. Insulin dependent

_____ b. Non-insulin dependent,

_____ c. 90-95 percent of all diabetes cases

_____ d. 5–10 percent of all diabetes cases

_____ e. Cells exhibit resistance to insulin, which prevents glucose from entering cells

_____ f. Autoimmune disorder in which insulin producing cells are destroyed

_____ g. Associated with obesity

_____ h. Not related to obesity

_____ i. Associated more commonly with younger patients

_____ j. Associated more commonly with olderpatients

Chapter 15 Cardiovascular Emergencies

Short Answer----STU

15. The five links of the American Heart Association’s chain of survival are:

Section 5 – Trauma

Chapter 17 Principles of Trauma

STU

16. Match each of the levels of trauma center with the following descriptions. (some descriptions may have more than one answer.

_____ 1. Level I trauma center

_____ 2. Level II trauma center

_____ 3. Level III trauma center

_____ 4. Level IV trauma center

_____ 5. Level V trauma center

a. is typically located in sparsely populated regions

b. is the highest designation of trauma center

c. has a designated trauma surgeon available at all times, but does not have every subspecialist available

d. has the same requirements as a Level I center but is not required to conduct research

e. is typically located in densely populated areas

17. Which one of the following phases is not one of the three phases of injury? _____

a. The post-traumatic phase

b. The post-injury phase

c. The pre-injury phase

d. The injury phase

Chapter 19 Burns

STU

18. What does TBSA stand for? _____

a. Total body surface area

b. Total burn surface area

c. Total body surrounding area

d. Total burn surrounding area

Short Answer

19. List four signs and symptoms associated with an inhalation injury. _____, _____, _____, and _____

Chapter 20 Musculoskeletal Injuries

STU

20. The zone of injury is _____

- a. the geographical location where an accident occurred and 10 feet circumference.
- b. the pinpointed location of a bone fracture.
- c. the area the patient identifies as being painful.
- d. the soft tissue, nerves, and blood vessels adjacent to a bone or joint injury.

21. A nightstick fracture is best described as a _____

- a. fracture of the humerus caused by falling onto the shoulder.
- b. fracture of the ulna caused by a direct blow from a hard object.
- c. radial-ulnar fracture caused by falling onto an outstretched hand.
- d. rare wrist fracture caused by falling onto the top of the hand.

22. To OEC Technicians, a “mouse trap” is _____

- a. an item used to catch rodents.
- b. a common snowboard injury.
- c. an uncommon digital injury.
- d. a rare type of finger injury.

23. CMS stands for _____

- a. circulation, mechanism, shock.
- b. crepitus, motion, splint.
- c. circulation, movement, sensation.
- d. correction, manipulation, straighten.

STU

24. To OEC Technicians, “rolling a joint” refers to _____

- a. an activity with an illegal substance.
- b. testing the range of motion of a joint.
- c. dislocating the knee or another hinge joint.
- d. inverting or everting an ankle.

26. Which of the following statements about transferring a patient from a Quick Splint to a cardboard splint is true? _____

- a. It is generally safe to do as long as the fracture is stable, there are not multiple injuries, the fracture is closed, and there is no evidence of hypovolemic shock.
- b. Switching from a Quick Splint to a cardboard splint is advisable because the cardboard splint need not be remove to X-ray the limb.
- c. Once a Quick Splint is in place, it is inadvisable to replace it with a cardboard splint because doing so can exacerbate the injury.
- d. Contrary to popular belief, cardboard splints generally do not provide adequate support and should not be used.

Chapter Questions

26. Which of the following injuries should an OEC Technician attempt to reduce? _____

- a. An anterior shoulder dislocation on a patient whose shoulder “pops out” frequently.
- b. An anterior sternoclavicular dislocation with intact CMS.
- c. A posterior sternoclavicular dislocation with accompanying vascular or respiratory compromise.
- d. None of the above because it is not within the scope of practice for an OEC Technician to reduce dislocations.

Review OEC Skill 20-2 Creating and Applying a Figure Eight Splint

I have reviewed this skill _____

Review OEC Skill 20-3 Reducing a Posterior Sternoclavicular S/C location

I have reviewed this skill ____

Review OEC Skill 20-12 Replacing a Quick Splint with a Cardboard Splint

I have reviewed this skill ____

Chapter 31 Geriatrics

STU

27. Which of the following changes are typical for seniors? (choose all that apply)

___ a. The brain and peripheral nervous system are less effective at processing and transmitting data and impulses

___ b. The total number of brain cells decreases

___ c. Brain weight decreases by as much as 10 percent

___ d. CO₂ levels in the blood increase

___ e. Blood oxygen levels permanently decrease

___ f. Cerebral blood flow decreases

___ g. Sensitivity to stimuli such as light, sound, and pain increase

28. A very slight change in mental acuity between the primary assessment and the secondary assessment of an elderly trauma patient is likely indicative of _____

a. fatigue; older people tire more easily than younger people.

b. a normal age-appropriate behavior; older patients normally have a somewhat diminished level of mental acuity.

c. a possible neurologic deficit caused by the trauma.

d. a sign of developing dementia.

STU

29. "Tenting" of the skin could be indicative of _____

- a. dehydration or hypovolemia.
- b. tissue breakdown due to an age-related decrease in skin elasticity.
- c. extreme or rapid weight loss.
- d. hypothermia or hyperthermia.

30. Which of the following statements about backboarding an elderly patient is correct? _____

- a. Backboard elderly patients just as you would younger adult patients.
- b. It is necessary to tighten the straps more securely in an elderly patient.
- c. Because hip fractures occur easily in elderly patients, cross the straps loosely over the lower abdomen instead of the usual placement over the bony pelvis.
- d. Use towels, jackets, and other padding material to fill any voids, and pad all bony prominences.

Chapter Questions

31. Match each of the following conditions to its description.

- a. A decrease in bone density due to mineral loss
- b. "Humpback" curvature of the upper thoracic spine
- c. "Swayback" appearance due to inward curvature of the lumbar spine
- d. A lateral curvature of the spine

_____ 1. kyphosis

_____ 2. lordosis

_____ 3. osteoporosis

_____ 4. Scoliosis

32. Match each of the following medication types to its action.

_____ 1. beta-blockers

_____ 2. calcium-channel blockers

_____ 3. diuretics

_____ 4. blood thinners

- a. Make the heart contract more efficiently, manage cardiac arrhythmias, and lower blood pressure
- b. Help decrease the volume of circulating fluid within the cardiovascular system
- c. Reduce heart rate, blood pressure, and heart contractility
- d. Are typically prescribed to patients with a history of mechanical heart valve replacement, irregular heartbeat, deep vein thrombosis, or pulmonary embolism

I verify that I have personally completed this exercise and am now familiar with the general content of this training work/textbook.

Name

Date