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Question: 1

Which of the following is used to open the airway of a patient with a spinal injury?

- A. Head-tilt, chin-lift maneuver
- B. Mouth-to-mouth procedure
- C. Jaw-thrust maneuver
- D. Mouth-to-nose procedure

Answer: C

Explanation:

The jaw-thrust procedure is used to open the airway of a patient with a suspected spinal injury; the head-tilt, chin-lift maneuver is used for patients with no suspected spinal injury. Both the mouth-to-mouth and mouth-to-nose procedures are no longer accepted as safe for EMR personnel.

Question: 2

Abdominal thrusts to clear the airway of a choking individual may be:

- A. used on children under 1 year of age.
- B. given by straddling the legs of the patient.
- C. used on pregnant women.
- D. used on obese patients.

Answer: B

Explanation:

Abdominal thrusts are the most effective method of clearing the airway of an adult or child who is choking; if the patient is large or the EMR is small in size, abdominal thrusts may be given by straddling the patient's legs. Abdominal thrusts are not recommended for infants under 1 year of age or for obese or pregnant patients; in the case of pregnant women or obese patients, chest thrusts may be used instead.

Question: 3

Which of the following statements regarding airway adjuncts is false?

- A. The oropharyngeal airway (OPA), nasopharyngeal airway (NPA), and bag-valve-mask (BVM) may be used together.

- B. OPAs may only be used on patients without a gag reflex.
- C. NPAs are preferred for patients with a gag reflex.
- D. It is not necessary to maintain an open airway when using an OPA.

Answer: D

Explanation:

An OPA should only be used to maintain the airway of unresponsive patients who do not have a gag reflex. The OPA does not maintain an open airway position by itself; thus, the EMR must still manually maintain the patient's airway when using an OPA. The NPA is preferred for patients who are not completely unresponsive or who have a gag reflex. The OPA, NPA, and BVM may be used together.

Question: 4

The NPA should NOT be used in:

- A. responsive patients
- B. infants.
- C. patients with facial fractures.
- D. patients with a gag reflex.

Answer: C

Explanation:

The nasopharyngeal airway is preferred for patient who are not completely unresponsive or who have a gag reflex. NPAs are designed to fit infants, children, and adults. NPAs do not have to be removed if the patient becomes responsive. An NPA is contraindicated in patients with skull or facial fractures because it may enter the cranial cavity, causing damage to the brain.

Question: 5

The _____ may be used to gauge the size of a patient's nostril opening.

- A. little finger
- B. index finger
- C. earlobe
- D. thumb

Answer: A

Explanation:

The patient's little finger is approximately the same size as his or her nostril opening and may be used to select an airway that is approximately the same diameter.

Question: 6

If the NPA will not advance into the nostril, the EMR should do all of the following, except:

- A. insert the NPA into the opposite nostril.
- B. use an airway that is smaller in diameter.
- C. use petroleum jelly to lubricate the outside of the tube.
- D. use scissors to change the bevel.

Answer: C

Explanation:

The airway should never be forced into the nostril. If the NPA will not advance into the nostril, the EMR should attempt to insert it into the opposite nostril; if the airway still does not fit, another airway that is smaller in diameter should be used. Most NPAs are made with the bevel to the left; snipping the end of the airway with scissors will change the bevel from left to right. Petroleum jelly or other non-water-based lubricants should not be used to lubricate the outside of the tube.

Question: 7

Which of the following statements regarding the insertion of an airway is false?

- A. Elderly patients are prone to nosebleeds while placing an NPA
- B. The BVM should be placed before inserting an NPA.
- C. The BVM is an effective infection-control barrier.
- D. The BVM may be used for drug overdose patients.

Answer: B

Explanation:

Many elderly patients have thin, easily damaged mucosa or are taking blood-thinning medications such as Coumadin and are thus more prone to nosebleeds; care should be taken when placing an NPA in these patients. It is recommended that the NPA be inserted before placing a BVM. The BVM may be used to ventilate patients with inadequate respirations such as those with a drug overdose; it also acts as an effective infection-control barrier between the EMR and the patient.

Question: 8

All of the following statements regarding suctioning are true, except:

- A. suctioning also removes oxygen from the airway.
- B. finger sweeps may be used to remove fluid and other matter from the oral cavity.
- C. suctioning should be performed for no more than 15 seconds.

D. the tip of the catheter should be placed directly over the back of the tongue.

Answer: D

Explanation:

Suctioning is used to remove fluids and other matter from the airway; however, it also removes oxygen. Suctioning should be performed for no more than 15 seconds in adults, 10 seconds in children, and 5 seconds in infants. Before inserting the catheter, fluid and other matter may be removed from the oral cavity by using finger sweeps with a gloved hand. The tip of the catheter should not be placed directly over the back of the tongue, as this may stimulate the gag reflex.

Question: 9

The mechanism of injury (MOI) should be assessed in:

- A. responsive medical patients.
- B. unresponsive medical patients.
- C. trauma patients.
- D. elderly patients.

Answer: C

Explanation:

The MOI should be assessed in trauma patients, or those who have a physical injury caused by an external force. In unresponsive medical patients, or those who have an illness or who have not suffered a physical injury, the family or bystanders should be interviewed to determine the NOI.

Question: 10

In the scene size-up of a medical patient, the EMR should do all of the following, except:

- A. evaluate the nature of illness (NOI).
- B. take BSI precautions.
- C. evaluate scene safety.
- D. evaluate the need for spinal immobilization.

Answer: D

Explanation:

In the scene size-up of a medical patient, the EMR should take the appropriate BSI precautions, determine if the scene is safe, and evaluate the NOI; the need for spinal immobilization should be considered in the scene size-up of trauma patients.

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