



FPC/CFRN Review Exam Version B

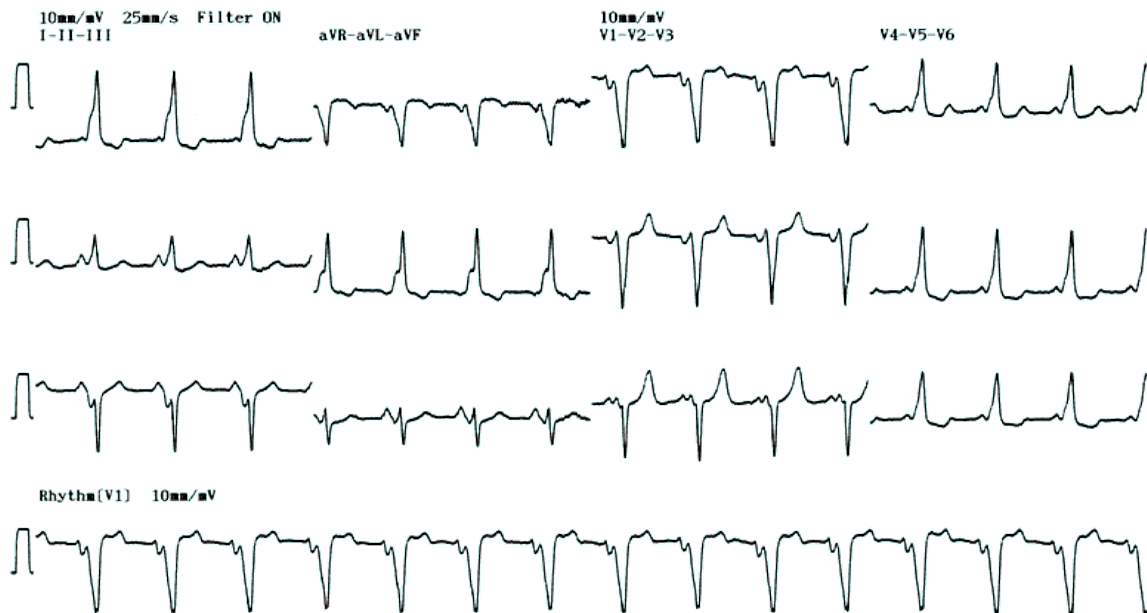
1. Myxedema coma is also known as?
 - A. Thyroid storm
 - B. Adrenal insufficiency
 - C. Hypothyroidism
 - D. Hyperaldosteronism

2. Most common presentation of a patient with hypothyroidism are all of the following, EXCEPT:
 - A. Cold intolerance with coarse hair
 - B. Almost exclusively over age 60
 - C. > 90 % of cases occur in the winter
 - D. Primarily in men

3. Your patient presents with following parameters: CVP 0, CI 1.4, PA S/D 10/4, wedge 3 and SVR 1800. What is the most likely cause?
 - A. Hypovolemic shock
 - B. Cardiogenic shock
 - C. RVMI
 - D. Neurogenic shock

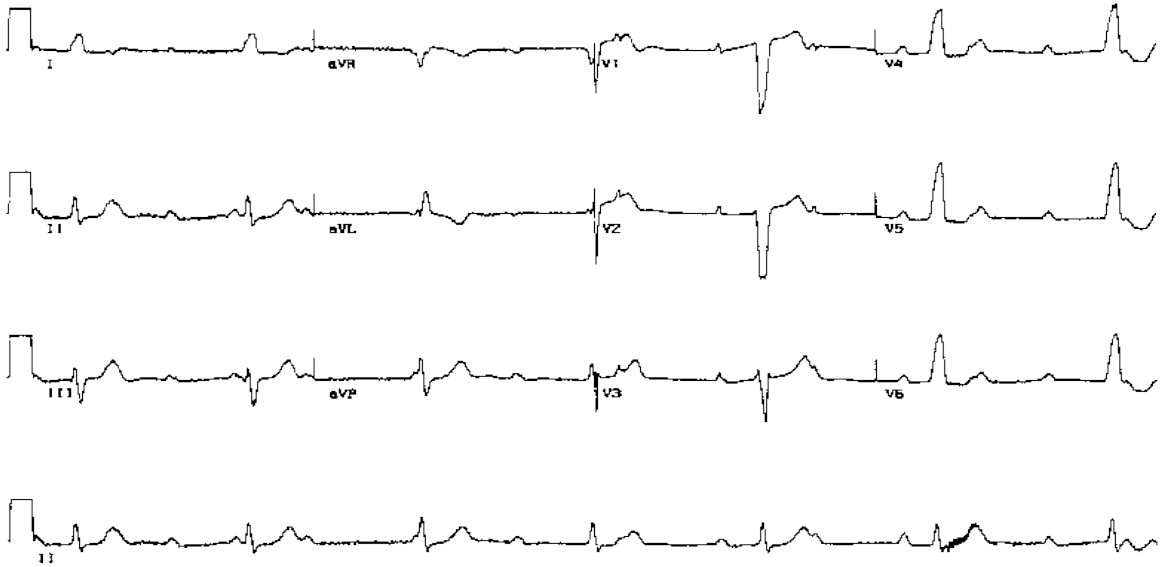
4. Drug of choice for profound hypotension in septic shock is?
- A. Isotonic crystalloid solution
 - B. Levophed
 - C. Nipride
 - D. Dobutamine
5. Normal ICP readings are?
- A. 0 – 10 mmHg
 - B. 10 – 20 mmHg
 - C. 20 – 30 mmHg
 - D. > 30 mmHg
6. The formula to calculate MAP is:
- A. $\frac{2}{3}$ DBP X SBP
 - B. $2 \times$ DBP + SBP divided by 3
 - C. $2 \times$ SBP + DBP
 - D. $2 +$ DBP x SBP divided by 3
7. Normal coronary perfusion pressure (CPP) is:
- A. 50 – 60 mmHg
 - B. 70 – 90 mmHg
 - C. 80 – 100 mmHg
 - D. < 50 mmHg

8. The following ECG reveals?



- A. Sinus tachycardia
 - B. Poor R wave progression
 - C. WPW
 - D. Paced rhythm
9. The patient presents with the following parameters: CVP 1, CI 1.7, PA S/D 12/6, wedge 6 and SVR 300. The most likely cause is?
- A. RVMI
 - B. Neurogenic shock
 - C. Septic shock
 - D. Hypovolemic shock

10. The following ECG reveals?



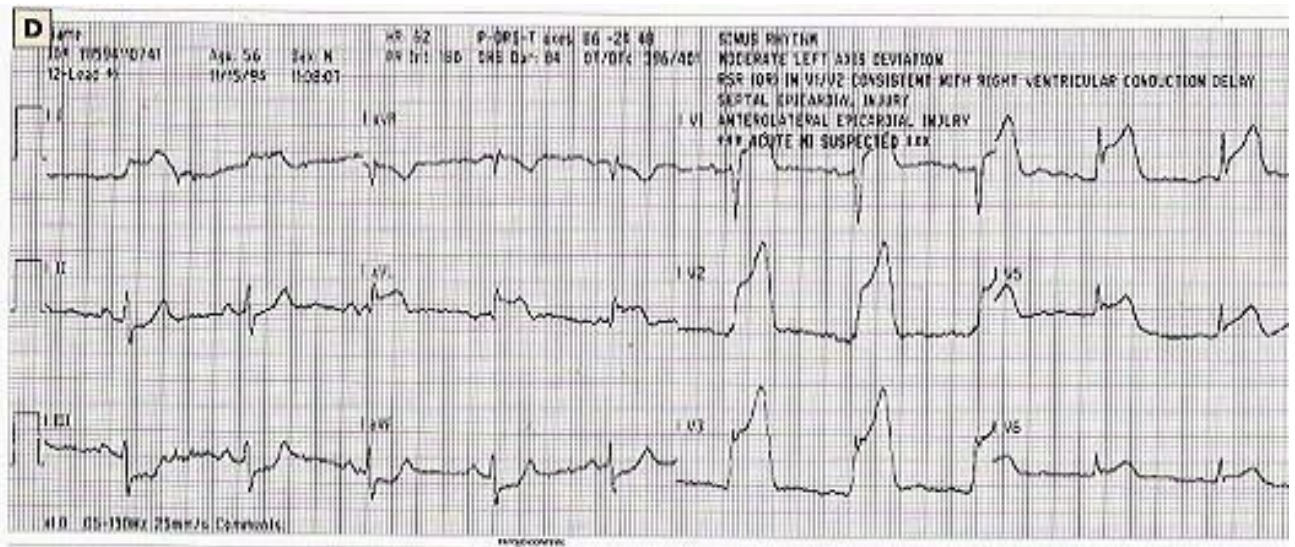
- A. First degree AV block
 - B. Second degree AV block
 - C. Sinus bradycardia
 - D. Complete heart block
11. Severe hypothermic patients are at highest risk for which of the following rhythm ?
- A. Atrial fibrillation
 - B. Asystole
 - C. Ventricular fibrillation
 - D. Sinus bradycardia
12. The drug of choice for a patient presenting with malignant hyperthermia is?
- A. Anectine
 - B. Sodium Bicarbonate
 - C. Dantrolene
 - D. Glucagon
13. A TCA overdose may present with all of the following, EXCEPT:
- A. Early sinus bradycardia
 - B. Widening QRS
 - C. Prolonged QT interval
 - D. Early tachycardia

14. Rhabdomyolysis can be treated with all of the following, EXCEPT?
- A. Alkalinizing the urine with NaHCO_3
 - B. Thorazine
 - C. H_2 blockers
 - D. Calcium channel blockers
15. Your patient presents with ABG's of pH 7.39, pCO_2 68 HCO_3 32, pO_2 82. He has history of COPD and weighs 65 kg. He presents with H/O SOB x 3 days with a RR 20 and is on 4 L/min of oxygen by NC. He speaks in 4 – 5 word sentences. What acid-base imbalance is occurring?
- A. Metabolic acidosis
 - B. Respiratory acidosis
 - C. Metabolic alkalosis
 - D. Respiratory alkalosis
16. What is the formula used when calculating CPP?
- A. $2 \times \text{DBP} + \text{SBP}$ divided by 3
 - B. $\text{MAP} - \text{ICP}$
 - C. $\text{ICP} - \text{DBP}$
 - D. $2 + \text{DBP} \times \text{SBP}$ divided by 3
17. You are managing a patient who has been diagnosed with hepatic encephalopathy. His ammonia levels are elevated. Your management in preparing this patient for transport is to inhibit elevated protein level by:
- A. Administering whole blood
 - B. Stop GI bleeding and evacuate bowel of blood
 - C. Aggressive fluid resuscitation
 - D. Aggressive pain control
18. Grey-Turner's sign may indicate?
- A. Meningitis
 - B. Splenic injury
 - C. Pancreatitis
 - D. Gallbladder
19. Side impact or 'lay it down' motorcycle crashes can present with all of the following injury patterns, EXCEPT:
- A. Open fracture of the femur
 - B. Pelvic fractures
 - C. Trapped arm breaks ribs
 - D. C2 fracture of the neck

20. A predictable injuries that can occur with rear-end collisions are all of the following, EXCEPT?
- A. Pelvic fracture
 - B. C2 fracture of the neck
 - C. T12 – L1 back injuries
 - D. Ankle fracture
21. Most of which of the following burns should not be neutralized?
- A. Thermal
 - B. Electrical
 - C. Chemical
 - D. Contact
22. Hamman’s sign may indicate?
- A. Tension pneumothorax
 - B. Tracheobronchial injury
 - C. Aortic rupture
 - D. Cardiac tamponade
23. Recommended urinary output when managing a burn patient is?
- A. 100 ml/hr
 - B. 10 – 20 ml/hr
 - C. 30 – 50 ml/hr
 - D. > 100 ml/hr
24. Hydrofluoric burns can be managed with copious amounts of water and:
- A. 10 % Calcium Gluconate
 - B. Osmotic diuretics
 - C. Glucagon
 - D. Pyroxidine
25. Algorithmic approach to herniation include all of the following, EXCEPT:
- A. Serum sodium goal 155
 - B. Serum osmolality less than 320
 - C. Hypertonic saline or Mannitol
 - D. Hyperventilate to EtCO₂ 20 – 30 mmHg

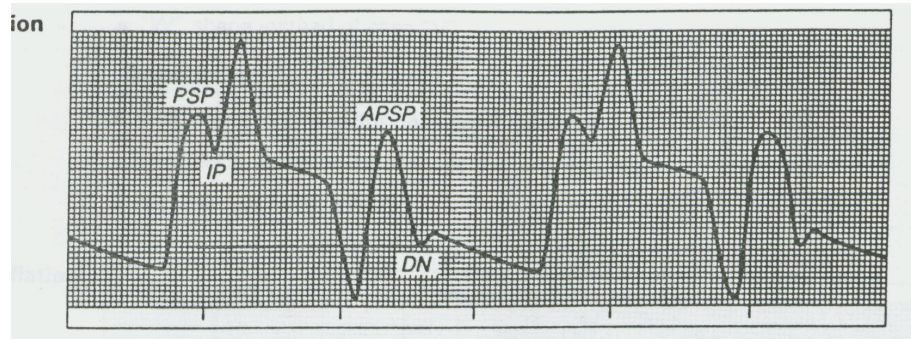
26. Classic picture of neurogenic shock presents with:
- A. Hypertension
 - B. Absence of tachycardia
 - C. Cool skin
 - D. Pallor
27. You are transporting a patient with a spinal cord injury. His blood pressure is increasing during flight. To prevent autonomic dysreflexia and decrease his blood pressure, your management of the patient would be?
- A. Insert a foley catheter
 - B. Administer nitroglycerin to help reduce blood pressure
 - C. Hang a Nipride drip if diastolic is greater than 130 mmHg
 - D. Do nothing, because increased HTN is expected with altitude
28. Your patient presents with greater motor weakness in UE than in LE with varying degrees of sensory loss. He is presenting with what type of spinal cord syndrome?
- A. Brown-Sequard
 - B. Central cord
 - C. Anterior cord syndrome
 - D. Neurogenic shock
29. Sinusoidal patterns are commonly associated with all of the following, EXCEPT:
- A. Fetal hypovolemia or anemia
 - B. Accidental tap of the umbilical cord during amniocentesis
 - C. PIH
 - D. Placental abruption
30. You are transporting a 25 YOF, G1 PO who is 28 weeks gestation. Her vital signs reveal: BP 200/120, HR 100, RR 28, SpO2 98 %. Your initial intervention would be:
- A. Administer Labetalol 20 – 40 mg IV push
 - B. Administer Hydralazine 5 – 15 mg slow IVP repeat every 5 minutes
 - C. Administer MgSO4 4 – 6 gms IV bolus over 15 – 30 minutes
 - D. Administer Terbutaline 0.25 mg SQ
31. A patient was scuba diving and descended 66 feet. How many atmospheres of water pressure were on your patient?
- A. 1
 - B. 2
 - C. 3
 - D. None of the above

32. You will be transporting a stable 27 YOM with non-traumatic pneumocephalus secondary to gas producing necrotizing bacteria from rural hospital at 8,500 elevation to a local hospital at 1200 sea level. What might be the best transport option? What gas law will most affect this patient negatively?
- Ground; Boyle's law
 - Fixed wing transport pressurized to 9,000 AGL; Charles' law
 - Rotor transport; Boyle's law
 - Rotor transport; Charles' law
33. The following ECG reveals:

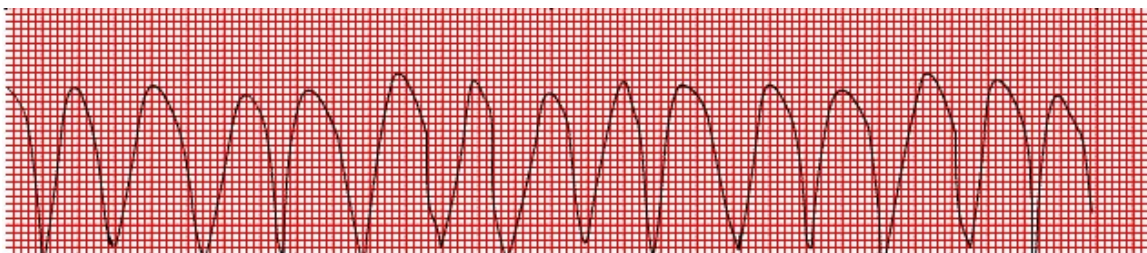


- Anteroseptal-Lateral MI
 - Inferior MI
 - Posterior MI
 - Pericarditis
34. When performing a pericardiocentesis, the insertion site is?
- Below the subxyphoid process
 - Just right of the subxyphoid process
 - Just left of the subxyphoid process
 - Above the subxyphoid process
35. ABG reveals pH 7.41, pCO₂ 38, HCO₃ 22, pO₂ 56. 70 kg patient on a ventilator with the following settings: Vt 700, F 14, FIO₂ 0.5, I:E 1:2, PIP 46, Pplat 40 and Peep 5. How will you manage this patient?
- Increase Peep
 - Increase FiO₂
 - Decrease Vt
 - All of the above

36. Interpret the following IABP timing strip?

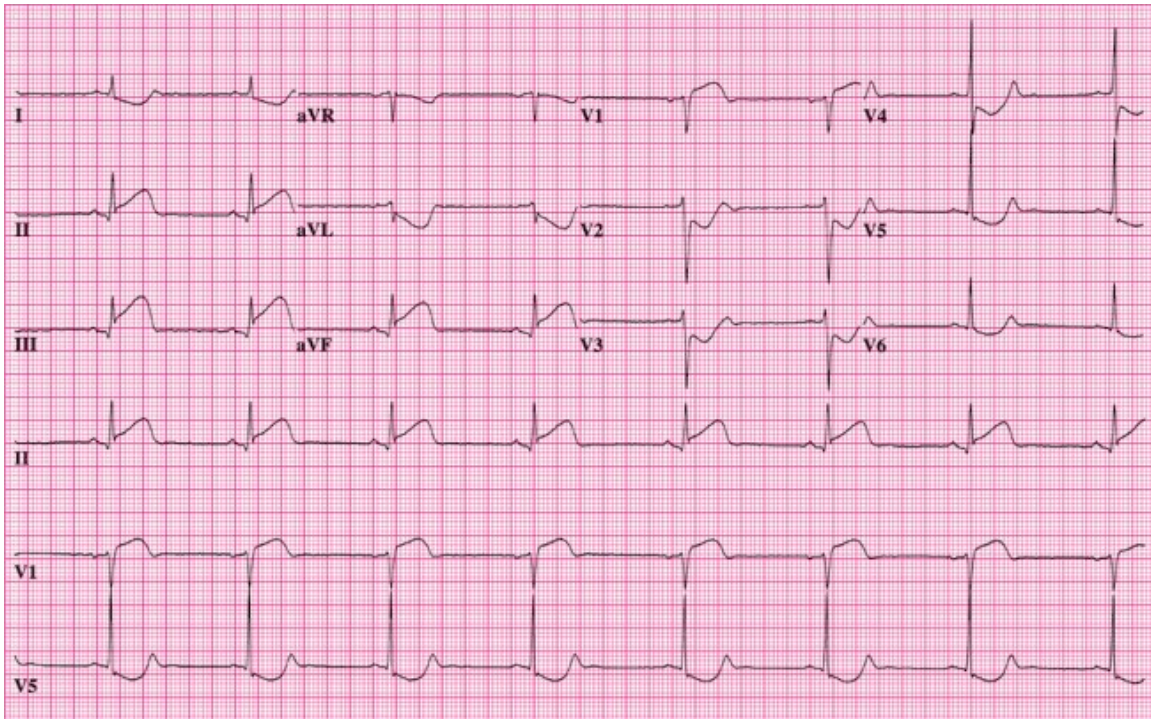


- A. Early inflation
 - B. Late inflation
 - C. Early deflation
 - D. Late deflation
37. When managing pO₂ of < 60, you would?
- A. Increase FiO₂ and Peep
 - B. Increase Vt and increase Peep
 - C. Increase FiO₂ and F
 - D. None of the above
38. You are transporting a 75 YOM with a diagnosis of inferior wall MI. During the flight you note the following rhythm. Vital signs are: 70/palp, HR 150, RR 24, SpO₂ 94 % on high flow oxygen with NRM at 15 L/min. He is awake and complaining of chest pain and SOB. How will you manage this patient?



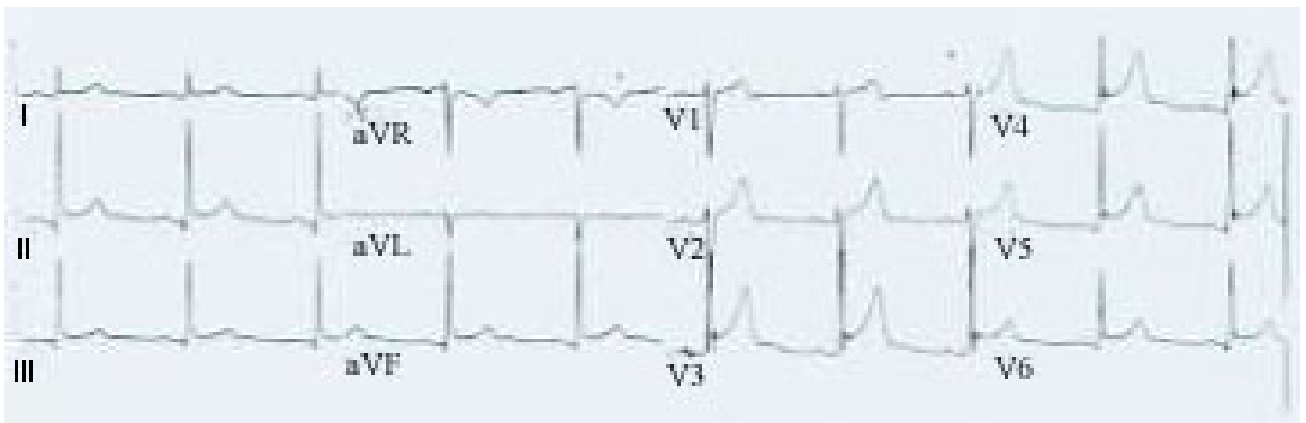
- A. Administer Lidocaine and Nitroglycerin
- B. Administer normal saline bolus
- C. Consider sedation and synchronize cardiovert at 100 joules
- D. Have the patient cough forcefully

39. What is common problem that may occur with following 12 Lead presentation?



- A. Ischemia
- B. Right ventricular MI
- C. LAD occlusion
- D. Ventricular fibrillation

40. 60 YOM complaining of chest pain x 3 days with fever?

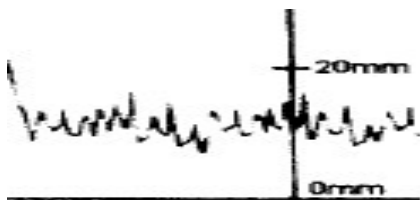


- A. Poor R wave progression
- B. Anterior wall MI
- C. Pericarditis
- D. Inferior wall MI

41. pH 7.51, pCO₂ 28, HCO₃ 24, pO₂ 110. 60 kg male patient with Vt 650, F14, FiO₂ 0.21, I:E 1:2, PIP 46, Pplat 42 and Peep 0. What is your ABG interpretation and how will you correct it?
- A. Respiratory acidosis; increase respiratory rate (F)
 - B. Respiratory alkalosis; decrease Vt
 - C. Metabolic alkalosis; increase FiO₂
 - D. Respiratory alkalosis; increase Peep
42. Minute ventilation is:
- A. RR x weight in kg
 - B. Vt x RR
 - C. Vt x weight in kg
 - D. RR x SpO₂ reading
43. High pressure alarms can be caused by all of the following, EXCEPT:
- A. Hypovolemia
 - B. Connections
 - C. Pneumothorax
 - D. Obstructions
44. Low pressure alarms can be caused by all of the following, EXCEPT:
- A. Hypovolemia
 - B. Pneumothorax
 - C. Leaks in vent tubing
 - D. Connections
45. You are managing a 4 YOM who is requiring intubation. The appropriate size ET tube for this patient would be?
- A. 3.5
 - B. 4.0
 - C. 4.5
 - D. 5.0
46. Vt is calculated at?
- A. 3 – 5 ml/kg
 - B. 5 – 7 ml/kg
 - C. 6 – 10 ml/kg
 - D. 10 -15 ml/kg

47. The test most often used to diagnose a pulmonary embolism is?
- A. Chest X-ray
 - B. V/Q lung scan
 - C. 12 lead ECG
 - D. ABG
48. Acute respiratory failure is defined as:
- A. $pO_2 < 60$ mmHg and $pCO_2 > 50$
 - B. $pO_2 < 80$ mmHg and $pCO_2 > 60$
 - C. $pO_2 < 60$ mmHg and $pCO_2 > 30$
 - D. $pO_2 < 90$ mmHg and $pCO_2 > 50$
49. Phenytoin can be administered to a patient having recurrent seizures. The dose of 18 mg/kg IV given at a rate 50 mg/minute can cause which of the following?
- A. SVT and ventricular dysrhythmias
 - B. Hypertension
 - C. Vomiting
 - D. Electrolyte imbalances
50. What PPE should be worn when transporting a patient with bacterial meningitis?
- A. Mask, gloves, gown and eye protection
 - B. Gloves only
 - C. Mask and gloves
 - D. Gloves and eye protection
51. The most common type of decompression sickness is?
- A. Bends
 - B. Chokes
 - C. Arterial gas embolism
 - D. Compartment syndrome
52. Situations that involve a left shift in the oxygen-hemoglobin dissociation curve are all of the following, EXCEPT:
- A. Alkalosis
 - B. Hypocapnia
 - C. Hypothermia
 - D. Increased levels of 2, 3-DPG

53. Situations that involve a right shift in the oxygen-hemoglobin dissociation curve are all of the following, EXCEPT:
- A. Alkalosis
 - B. Hypercapnia
 - C. Hyperthermia
 - D. Increased level of 2, 3-DPG
54. A scaphoid abdomen, unequal breath sounds, dyspnea and a shift in the PMI are a classic presentation of which of the following in the neonate patient?
- A. Tension pneumothorax
 - B. Diaphragmatic hernia
 - C. Aspiration pneumonia
 - D. RDS, formerly known as hyaline membrane disease
55. Hypoglycemia in the neonate can be treated with?
- A. D 25 % 2- 4 ml/kg
 - B. D 10 % 2 – 4 ml/kg
 - C. D 10 % 5- 10 ml/kg
 - D. D 5 % 2- 4 mg/kg
56. Hypoglycemia should be treated in the neonate presenting with readings of:
- A. < 70 mg/dl
 - B. < 60 mg/dl
 - C. < 50 mg/dl
 - D. < 40 mg/dl
57. You are transporting a 45 YOM with chest pain with hemodynamic monitoring. You note the following waveform?



- A. RA
- B. PA
- C. Wedge
- D. RV

58. Repeated doses of Etomidate can cause:
- A. Increased ICP
 - B. Acute adrenal insufficiency
 - C. AMI
 - D. Pulmonary edema
59. Coronary perfusion pressure is calculated how?
- A. $DBP - PCWP$
 - B. $DBP + PCWP$
 - C. $SBP - DBP$
 - D. $SBP - PCWP$
60. Inferior wall MI is caused by an occlusion of which coronary artery?
- A. LAD
 - B. RCA
 - C. Circumflex
 - D. Inferior vena cava
61. Normal CVP/RAP pressures are:
- A. 15 – 25 mmHg
 - B. 8 – 12 mmHg
 - C. 2 – 6 mmHg
 - D. 8 – 15 mmHg
62. PCWP evaluates:
- A. Right atrial pressures
 - B. Right and left sided heart pressures
 - C. Cardiac output
 - D. Preload to the left side of the heart
63. The following waveform represents:



- A. A-line
- B. PA
- C. CVP
- D. RV

64. SVR measures afterload for the left heart and are decreased in:
- A. Hypovolemic shock
 - B. Cardiogenic shock
 - C. Distributive shock
 - D. RVMI
65. Cardiac output is measured how?
- A. $HR \times SV$
 - B. $HR \times RR$
 - C. $SV \times CI$
 - D. Weight in kg \times HR
66. You are transporting a patient who you note has tea-colored urine in small amount in the foley catheter bag. The nurse reports that he has only put on 50 ml in the last 24 hours. What treatment would you expect to initiate during the 2 hour flight?
- A. Rapid fluid resuscitation, Sodium Bicarbonate drip and consider Lasix and Mannitol
 - B. Rapid fluid resuscitation, potassium replacement therapy and aggressive pain management
 - C. Fluid restriction, Sodium Bicarbonate drip and consider Lasix and Mannitol
 - D. Fluid restriction, potassium replacement therapy and aggressive pain management
67. Following a hard landing, where the pilot is incapacitated, the flight crew knows emergencies procedures to prevent fire include:
- A. Turn off the throttle, then the fuel followed by turning off the master battery switch
 - B. Grab the fire extinguisher, turn off the battery and siphon off the remaining fuel
 - C. Disconnect the battery, ELT and any other electrical equipment
 - D. Turn off any electrical equipment and radios, then drain the fuel
68. You are doing a night flight when you encounter bad weather. The helicopter suddenly impacts the ground. The cockpit is filled with smoke. What do you do?
- A. Grab the fire extinguisher and portable radio
 - B. Make a call for help on the emergency frequency
 - C. Exit the helicopter and gather at the 12 o'clock position
 - D. Stay in the helicopter as it offers the only available shelter in the area

69. You would expect to administer what medications to a patient presenting with severe chest/abdominal pain, diaphoresis and is restless. SBP is 170/palp and heart rate in 116. You note a difference in blood pressures when taken on each arm?
- A. Nitroglycerine and Atenolol
 - B. Nipride and B-blockers
 - C. Lasix and Nitroglycerin
 - D. Bumex and Dobutrex
70. On 12 Lead ECG, posterior wall MI's manifest as:
- A. ST elevation in II, III, AVF
 - B. ST depression in II, III, AVF
 - C. ST depression in V1 – V4 with abnormal tall R waves
 - D. ST elevation in V1 – V4 with abnormal tall R waves
71. Acute respiratory failure is defined as:
- A. pO₂ less than 80 and pCO₂ greater than 45
 - B. pO₂ less than 70 and pCO₂ greater than 60
 - C. pO₂ less than 60 and pCO₂ greater than 50
 - D. pO₂ less than 50 and pCO₂ greater than 45
72. A sign of hyperventilation and hypocalcemia is:
- A. Kehr's
 - B. Grey-Turner's
 - C. Trousseau's
 - D. Brudzinski's
73. You are transporting a 40 YOM from a rural ICU. The CXR reveals a ground glass appearance. The patient is on a ventilator with settings at: Vt 900 ml, rate of 16, FiO₂ 0.8 with a Peep of 5. ABG's reveal: pH 7.34, pO₂ 76, pCO₂ 38 and HCO₃ of 24. What pulmonary condition do you suspect?
- A. Pneumothorax
 - B. Pulmonary edema
 - C. ARDS
 - D. Cor pulmonale
74. You would manage the above patient by:
- A. Increasing the rate
 - B. Increasing PEEP
 - C. Performing a rapid needle decompression
 - D. Administering Lasix

75. Your head injured patient is hypothermic. In what direction does the oxyhemoglobin dissociation curve shift to?
- A. Up
 - B. Down
 - C. Right
 - D. Left
76. In addition to Glucose, which electrolyte must be maintained within normal limits for the head injured patient?
- A. Calcium
 - B. Magnesium
 - C. Potassium
 - D. Sodium
77. During transport the patient becomes unresponsive with an increased systolic blood pressure and changing respiratory patterns. Who do you suspect?
- A. Pneumothorax
 - B. Pneumocephalus
 - C. Neurogenic shock
 - D. Hypercapnia
78. Calculate the following patient's cerebral perfusion pressure (CPP): BP 150/75, HR 140, RR 28, SpO₂ 100 %, CVP 2, ICP 25
- A. 98
 - B. 125
 - C. 65
 - D. 75
79. Henry's law best describes which of the following patient conditions?
- A. Bends
 - B. Barotrauma
 - C. Shallow water blackout
 - D. Arterial gas embolism
80. Poisoning of the cytochrome oxidase enzyme system may cause?
- A. Histotoxic hypoxia
 - B. Hypemic hypoxia
 - C. Hypoxic hypoxia
 - D. Stagnant hypoxia

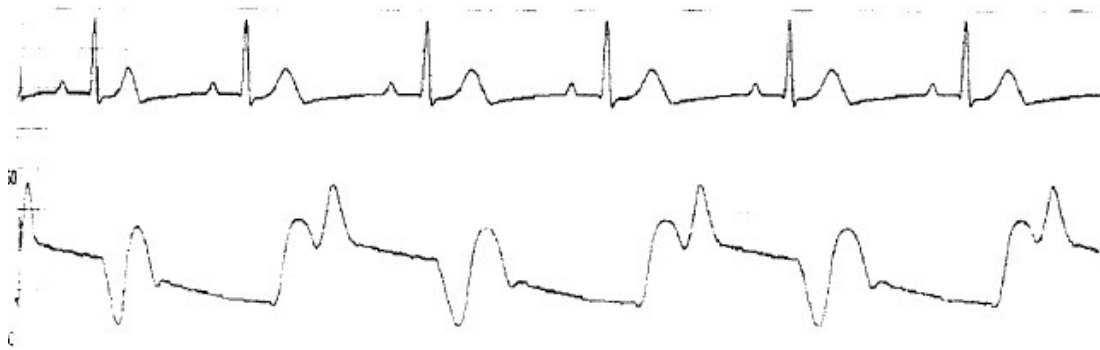
81. On a long fixed wing flight, an option may be to place water the ET tube cuff to counteract which gas law?
- A. Henry's
 - B. Graham's
 - C. Dalton's
 - D. Boyle's
82. All of the following are signs of cardiac tamponade, EXCEPT:
- A. Pulsus paradoxus
 - B. Pulsus alternans
 - C. Kussmaul's sign
 - D. Pulseless electrical activity (PEA)
83. What finding would you expect to see on the lateral neck X-ray to confirm suspicion of laryngotracheobronchitis?
- A. Ground glass appearance
 - B. Steeple sign
 - C. Foreign body
 - D. Thumb print sign
84. You are managing a 3 YOF with sudden onset of respiratory distress, fever, dysphagia and drooling. The patient is coughing up blood tinged sputum. What do you suspect?
- A. Croup
 - B. Epiglottitis
 - C. Foreign body aspiration
 - D. Bronchiolitis
85. Identify the following waveform?



- A. A-line
- B. RV
- C. PA
- D. RA

86. The patient is presenting with a head injury. You note he has extreme urinary output with a very low urine osmolarity/specific gravity. Your initial treatment of the patient would be?
- A. Restrict fluids
 - B. Administer Sandostatin
 - C. Aggressive fluid replacement and Vasopressin
 - D. Administer anti-thyroid medication
87. Your patient presents upper body obesity with thin arms and legs. He has a rounded face “buffalo hump” and is complaining fatigue. He is hypertensive and hyperglycemic. He most likely experiencing which condition?
- A. Myxedema coma
 - B. Thyroid storm
 - C. Addison’s disease
 - D. Cushing’s syndrome
88. You are transporting a 60 YOM with a H/O complaining of severe chest pain and mid-scapular pain. He is short of breath and is hypertensive in the upper extremities. You auscultate a harsh systolic murmur. Your diagnosis of this patient is?
- A. Cardiac tamponade
 - B. Aortic rupture
 - C. Myocardial rupture
 - D. Tension pneumothorax
89. After administering fluid resuscitation, performing vigorous fundal massage and giving Oxytocin your patient continues with post-partum hemorrhage. Which drug would be indicated to decrease blood loss?
- A. Apresoline
 - B. Methergine
 - C. Terbutaline
 - D. Magnesium Sulfate

90. The following balloon pump strip represents?



- A. Early inflation
 - B. Early deflation
 - C. Late inflation
 - D. Late deflation
91. Over due aircraft procedures start after:
- A. 15 minutes without contact
 - B. 30 minutes without contact
 - C. 45 minutes without contact
 - D. 60 minutes without contact
92. Who has the ultimate authority to initiate or complete a mission:
- A. The flight paramedic
 - B. The flight nurse
 - C. The pilot
 - D. The communication specialist
93. Platelets are considered low at:
- A. < 400/L
 - B. < 300/L
 - C. < 140/L
 - D. < 100/L
94. Normal serum osmolality is:
- A. 125 – 200 mOsm/kg water
 - B. 200 – 300 mOsm/kg water
 - C. 285 – 295 mOsm/kg water
 - D. 300 – 375 mOsm/kg water

95. A minimum of _____ inches should be between you and your flight suit:
- A. 0.25
 - B. 0.50
 - C. 0.75
 - D. 1
96. How many hours is bottle to throttle per FAA part 135:
- A. 4
 - B. 8
 - C. 12
 - D. 24
97. You would most likely to do what following a downed aircraft event?
- A. Stay in the aircraft until help arrives
 - B. Radio for help
 - C. Meet at 12 o'clock position
 - D. Take the flashlight and fire extinguisher with you
98. The MD has ordered a BNP which would evaluate the patient for:
- A. Sepsis
 - B. Hypovolemia
 - C. Right ventricular MI
 - D. Congestive heart failure
99. The ELT takes a minimum of _____ G's to activate:
- A. 2
 - B. 4
 - C. 6
 - D. 8
100. Pre-eclampsia is characterized by all of the following, EXCEPT:
- A. HTN
 - B. Edema
 - C. Low platelet count
 - D. Proteinuria

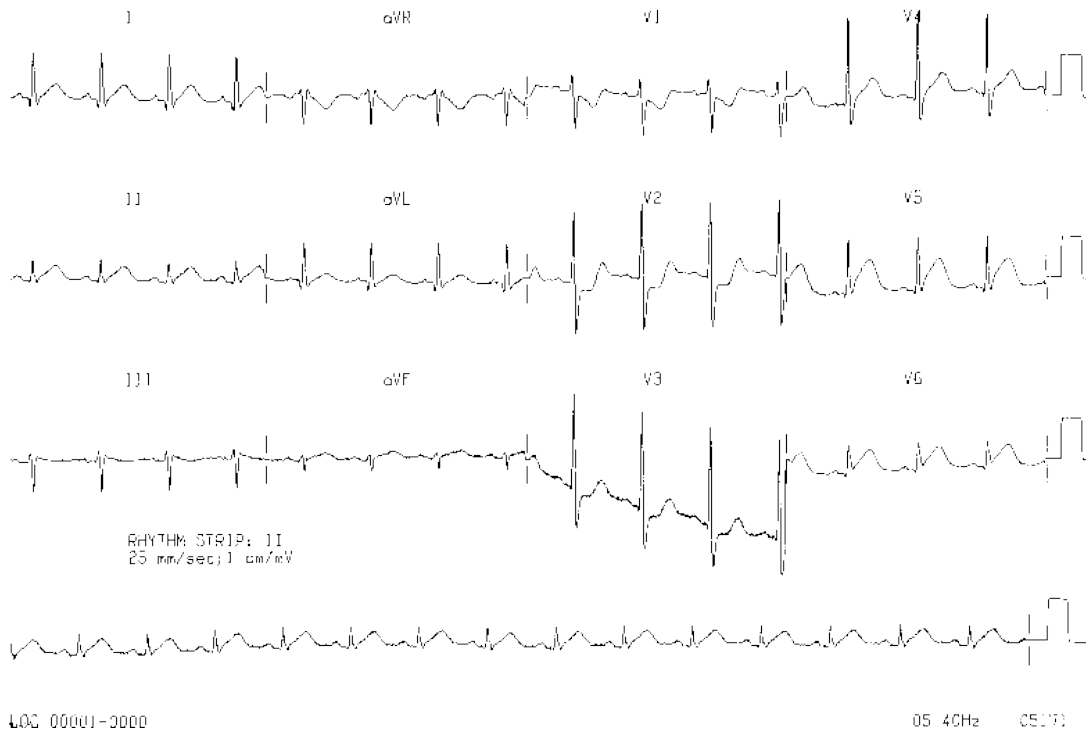
101. Your OB patient is Rh -, you would most likely expect the patient to receive:

- A. Albumin
- B. Rhogam
- C. Steroids
- D. Indomethacin

102. Stagnant hypoxia is a:

- A. Deficiency in alveolar O₂
- B. Reduction in the O₂ carrying capacity in the blood
- C. Result of poisoning or metabolic disorders
- D. Reduced cardiac output or pooling of blood

103. The following ECG reveals:



- A. Anterior MI
- B. Posterior-lateral MI
- C. Inferior MI
- D. Lateral MI

104. Which of the following paralytics stimulates motor end plate acetylcholine receptors causing persistent depolarization?
- A. Succinylcholine
 - B. Rocuronium
 - C. Vecuronium
 - D. Pancuronium
105. When administering a defasciculating neuromuscular blockade, the dose recommended is:
- A. 5 % normal RSI dosage of NMBA
 - B. 10 % normal RSI dosage of NMBA
 - C. 15 % normal RSI dosage of NMBA
 - D. 20 % normal RSI dosage of NMBA
106. You may fly IFR in VMC, you cannot fly VFR in _____ :
- A. VMC
 - B. AMC
 - C. IMC
 - D. DMC
107. The number one cause of aeromedical crashes is:
- A. Pushing weather
 - B. Fatigue
 - C. Night missions
 - D. Flying IFR in VMC
108. You are managing a 100 kg burned patient with 70 % BSA. How much fluid will the patient receive in the first 8 hours using the Consensus Formula?
- A. 14, 000 – 28, 000 ml
 - B. 7, 000 – 14, 000 ml
 - C. 3, 500 – 7, 000 ml
 - D. 28, 000 ml
109. The antidote for cyanide poisoning are all of the following, EXCEPT:
- A. Amyl nitrite
 - B. Sodium nitrate
 - C. 2 – pam
 - D. Sodium Thiosulfate

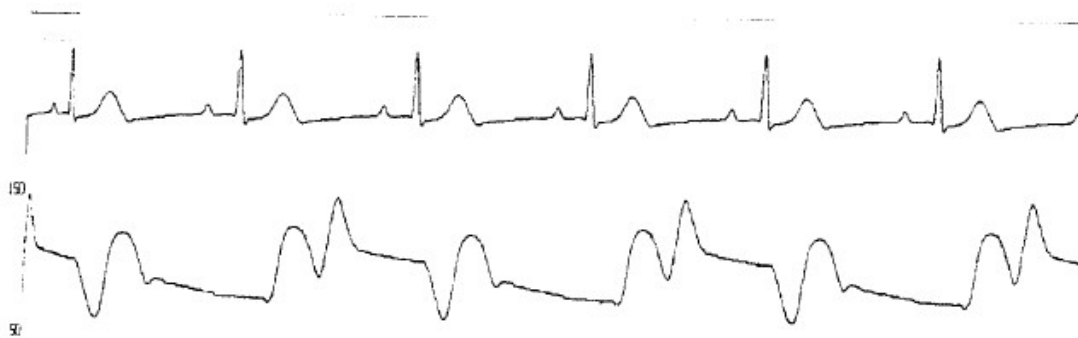
110. When managing a hyperthermic patient, vasodilation:
- A. Necessitates increase CO thus increasing oxygen demand
 - B. Necessitates decrease CO thus increasing oxygen demand
 - C. Necessitates increase CO thus decreasing oxygen demand
 - D. Necessitates decrease CO thus decreasing oxygen demand
111. ARDS and DIC are a result of what in the hyperthermic patient?
- A. Temperature increase
 - B. Lysosomal enzymes
 - C. Release of sodium
 - D. Retention of potassium
112. Levine's sign relates to:
- A. Meningitis; neck pain
 - B. Pancreatitis; periumbilical bruising
 - C. Cardiac; clenched fist over chest
 - D. Splenic injury; left shoulder
113. The circulating blood volume in a child is:
- A. 10 – 20 ml/kg
 - B. 20 – 40 ml/kg
 - C. 50 – 60 ml/kg
 - D. 75 – 80 ml/kg
114. The narrowest portion of the airway is at the cricoid cartilage in the pediatric patient?
- A. < 6 years old
 - B. < 8 years old
 - C. < 10 years old
 - D. < 12 years old
115. All of the following are the standard of care when managing an intubated pediatric patient, EXCEPT?
- A. Uncuffed tubes
 - B. SpO₂ monitoring
 - C. EtCO₂ monitoring
 - D. PIP of greater than 50 cm H₂O

116. Late decelerations always mean:
- A. Fetal hypovolemia
 - B. Uteroplacental insufficiency
 - C. Cord compression
 - D. Imminent delivery
117. All of the following are considered stressor of flight, EXCEPT?
- A. G- forces
 - B. Increased partial pressure of oxygen
 - C. Barometric pressure
 - D. Decreased humidity
118. Your patient presents with a pH 7.55 and a pCO₂ 20 with a history of suspected overdose. You would most likely suspect?
- A. Narcotic overdose
 - B. TCA overdose
 - C. Early salicylate poisoning
 - D. Insulin overdose
119. If the PIP/PAP does not change on a ventilator patient with respiratory acidosis, always:
- A. Increase Vt before rate
 - B. Decrease Vt before rate
 - C. Increase rate before Vt
 - D. Decrease rate before Vt
120. Trouble-shooting high pressure alarms on the ventilator can be caused by all of the following, EXCEPT:
- A. Secretions
 - B. Obstructions
 - C. ET tube dislodgement
 - D. Leak in ventilator tubing
121. Normal right atrial pressure is:
- A. 2 – 6 mmHg
 - B. 8 – 12 mmHg
 - C. 8 – 15 mmHg
 - D. 15 – 25 mmHg

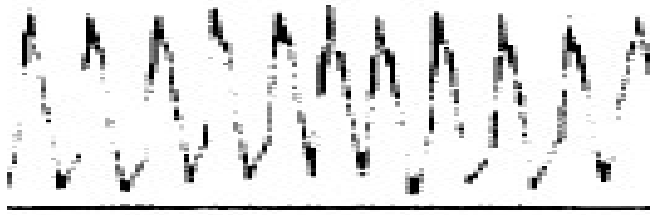
122. PCWP waveform is obtained by:
- A. Deflating the balloon until the waveform changes
 - B. Inflating the balloon until the waveform changes
 - C. Having the patient cough
 - D. Administering 1.5 ml of fluid into the port and wait for the waveform to change

123. SVR measures:
- A. After-load of the right side of heart
 - B. After-load of the left side of the heart
 - C. Pre-load of the right side of the heart
 - D. Pre-load of the left side of the heart

124. Identify the following IABP timing strip?

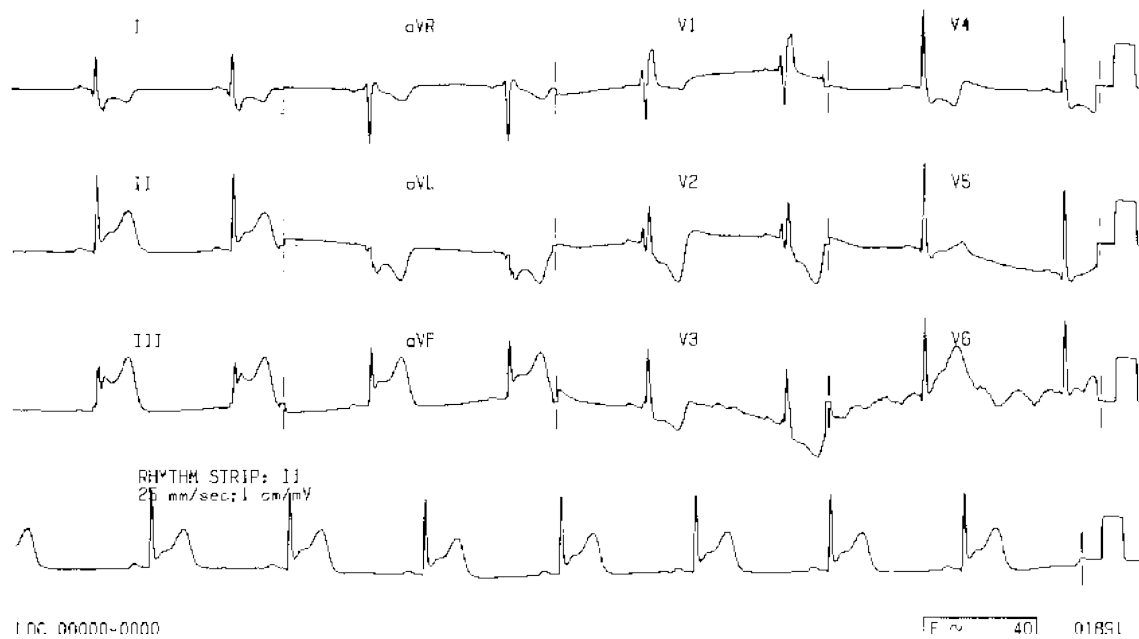


- A. Early inflation
 - B. Normal timing
 - C. Late inflation
 - D. Late deflation
125. The most likely cause of metabolic alkalosis are all of the following, EXCEPT?
- A. Vomiting
 - B. NG suctioning
 - C. Diarrhea
 - D. Diuretics
126. Identify the following hemodynamic rhythm?



- A. RA
 - B. RV
 - C. PA
 - D. A-Line
127. Digitalis toxicity is easily exacerbated by:
- A. AMI
 - B. Electrolyte abnormalities
 - C. Undiagnosed diabetes
 - D. Beta-blockers
128. Your patient ingested an unknown toxin. ECG is demonstrating a wide-complex tachycardia. The most likely toxin is?
- A. TCA overdose
 - B. Early Digitalis overdose
 - C. Calcium-channel blocker overdose
 - D. Beta-blocker overdose
129. When assessing CVP or PA pressures on a mechanically ventilated patient, the pressures should be assessed at:
- A. Beginning of inhalation
 - B. Beginning of exhalation
 - C. End of inhalation
 - D. End of exhalation
130. Your patient's waveform has suddenly changed and is in an inadvertent advanced wedge position. Your first therapy would be:
- A. Immediately withdraw the catheter to 10 cm depth
 - B. Verify chest tube drains are vented appropriately
 - C. Have the patient cough forcefully
 - D. Inflate the PA catheter balloon to 1.5 ml

131. The following ECG reveals:



- A. Posterior MI
 - B. Inferior MI
 - C. Anterior MI
 - D. Lateral MI
132. Cullen's sign may indicate:

- A. Meningitis
- B. Pancreatitis
- C. Gallbladder disease
- D. Cardiac problem

133. The following waveform represents:

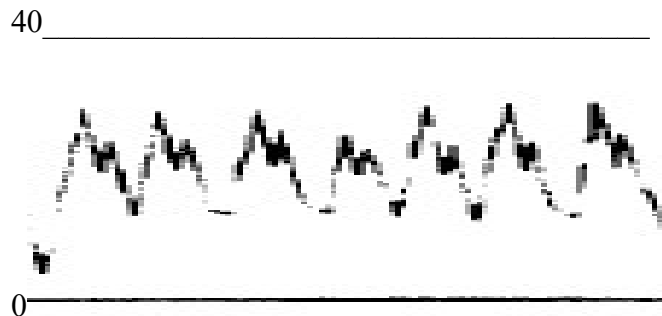


- A. RA
- B. PA
- C. RV
- D. PCWP

134. Kussmaul's sign is a:

- A. Rise in venous pressure with inspiration
- B. Crunching sound synchronized to heart beat
- C. Decrease of the SBP of > 10 mmHg with inspiration
- D. Marbled appearance of the abdomen

135. The following waveform represents:



- A. RV
- B. RA
- C. PAWP
- D. PA