

Test –EMT, AEMT – Atropine & 2-Pam Chloride Emergency Stockpile

Name: _____

Date: _____

MULTIPLE CHOICE: Choose the one alternative that best completes the statement or answers the question.

1. What is your first priority at a call involving the possibility of a nerve agent or organophosphate poisoning?
 - A. To identify the substance that was involved.
 - B. To quickly decontaminate the victims with whatever is available.
 - C. Personal safety and that of your crew.
 - D. To provide airway, breathing and circulatory support to the victims.

2. If you see unexplained casualties with multiple victims experiencing the same type of symptoms, an unusual liquid, spray or vapor and suspicious abandoned spray devices, you should:
 - A. Immediately enter the scene to give life threatening aid
 - B. Immediately notify dispatch and call for a Hazmat team.
 - C. Tell the victims to come to your ambulance.
 - D. Drive to the next call.

3. Miosis or bilateral pupil constriction is a sign of some medical conditions including:
 - A. barbiturate overdose, head injury, and nerve agent exposure.
 - B. suspected stroke, drug overdose, and nerve agent exposure.
 - C. nerve agent exposure, cervical spine fracture, and myocardial infarction.
 - D. drug overdose, myocardial infarction, suspected suicide.

4. If a patient was exposed to a chemical agent and is experiencing miosis, shortness of breath, muscle twitching and increased rhinorrhea these may be signs of:
 - A. biological exposure
 - B. radiation
 - C. chlorine gas
 - D. nerve agent exposure

5. According to Idaho Scope of Practice, an EMT/AEMT may administer a MARK-1 or DuoDote auto-injector when?

- A. at any time it is indicated
- B. at any time after training is completed
- C. after the emergency stockpile is released and training is complete
- D. when ordered by the Surgeon General

6. You respond to the scene of an industrial spill. As your partner approaches the scene, he suddenly has excessive salivation and rhinorrhea with bilateral constricted pupil. You immediately inform dispatch of the situation and request a Hazmat team. You are not experiencing any sign or symptoms and are further from the scene than your partner. What should you do next?

- A. Immediately run to your partner's aid.
- B. Tell him to try to get upwind and uphill of the spill and call for ALS support.
- C. Get in the ambulance and drive to the hospital.
- D. Crawl carefully to your partner's aid.

7. A teenager and an approximately 6y/o boy exposed to a nerve agent are experiencing miosis (pinpoint pupils), excessive salivation and chest tightness with some mild shortness of breath, and rhinorrhea. Which of these patients do you treat with a Duodote kit?

- A. both of them
- B. the 6y/o child
- C. the teenager
- D. neither

8. Two adults, an average 8y/o, and an infant about 1y/o are found at the site of a nerve agent exposure. They are all exhibiting vomiting, fasciculations (generalized muscle twitching), moderate respiratory distress, rhinorrhea and excessive salivation, and miosis. How should they each be treated?

The two adults:

- A. Both should be given 1 Duodote and observed for 30 minutes for worsening
- B. Both should be given comfort measures, O₂, suctioning as needed, and a dose of Atropine
- C. Both should be moved upwind and uphill after decontamination and observed
- D. Both should be moved uphill and upwind after decontamination, get 2 Duodote kits each, supportive measures of O₂ and suctioning as needed, and observation for worsening

9. The 8y/o:

- A. Moved uphill and upwind after decontamination, O2 and suctioning as needed and observation
- B. Moved uphill and upwind after decontamination, 1 Duodote kit, O2 and suctioning as needed, and observance
- C. Supportive measures only, O2 and suctioning
- D. 1 red AtroPen only

10. The 1y/o:

- A. 1 purple AtroPen Jr and pralidoxime 20mg/kg slow IV (use Braslow tape to determine weight), O2 and suctioning, and observance after moving uphill and upwind after decontamination
- B. 1 purple AtroPen Jr only
- C. Move uphill and upwind after decontamination and give O2 and suctioning only and observe
- D. Supportive measures, 1 Duodote kit, and Valium (diazepam)

11. MARK-1 or DuoDote auto-injector is indicated for what type of exposure?

- A. Nerve agent or organophosphate poisoning
- B. Chlorine or phosgene exposure
- C. Vesicant exposure
- D. Narcotic overdose

12. One MARK-1™ auto-injector contains:

- A. 2 mg of atropine and 600 mg pralidoxime chloride.
- B. 20 mg of atropine and 600 mg pralidoxime chloride.
- C. 2 mg of atropine and 300 mg pralidoxime chloride.
- D. 20 mg of atropine and 300 mg pralidoxime chloride.

13. If a patient is experiencing symptoms of pupil constriction, excessive rhinorrhea, excessive salivation and difficulty breathing after a possible chemical exposure, you should first:

- A. give oral glucose if the patient can follow your commands.
- B. move the victim uphill and upwind.
- C. use the MARK-1™ or DuoDote™ auto-injector that has been issued for your personal use.
- D. Bandage his eyes bilaterally.

14. T or F You may have to administer more than one MARK-1™ auto-injectors for severe symptoms of a nerve agent exposure.

15. A 40 year old male working in a governmental warehouse had a sudden onset of dim vision and rhinorrhea. He had been working in a room where large containers of sarin were stored. He exited the room and has no other complaints. He may be experiencing a _____ exposure to a nerve agent.

- A. severe
- B. moderate
- C. mild
- D. unknown

16. Signs and symptoms of excessive rhinorrhea, shortness of breath, blurred vision, excessive tearing, gastrointestinal upset and seizures may be a _____ reaction to a nerve agent.

- A. severe
- B. moderate
- C. mild
- D. unknown

17. T or F Your partner experiencing miosis alone and no other symptoms after a nerve agent or organophosphate exposure should receive a MARK-1 auto-injector.

18. T or F Your partner experiencing miosis, severe rhinorrhea and shortness of breath should receive a MARK-1™ auto-injector.

19. Persistent as it relates to nerve agents means:

- A. if the agent remains as a liquid for longer than 24 hours (refers to the length of time an agent remains as a liquid).
- B. A modified bacterial toxin that has been rendered nontoxic but retains the ability to stimulate the formation of antitoxins and thus producing an active immunity. (**Toxoid-botulinum, tetanus and diphtheria**)
- C. Prevention of disease or of a process that can lead to disease. (**prophylaxis**)
- D. A condition following as a consequence of a disease. (**sequela**)

20. Volatility as it relates to nerve agents means:

- A. the ease with which a chemical changes from a liquid to a gas; the tendency of a chemical agent to evaporate.
- B. A conventional explosive device that distributes radioactive material over a large area. **Dirty bomb**
- C. Refers to the density or weight of a vapor or gas as compared with air. **Specific gravity**
- D. Chemicals that inhibit the degradation of a neurotransmitter acetylcholine and quickly facilitate a nervous system overload. **Nerve agents**

END OF TEST FOR EMT

Additional Questions for AEMT

21. T or F A patient experiencing severe seizures following a possible nerve agent exposure may benefit from a diazepam auto-injector?

22. If a patient is experiencing severe signs and symptoms of a nerve agent exposure the diazepam auto-injector will assist in decreasing _____.

- A. the miosis
- B. the bronchoconstriction
- C. the rhinorrhea
- D. the seizures