NM McHenry Western Lake County EMS

Capnography Quiz 2024

1) What is the dose and route for Narcan/Naloxone?
   A. Adult: 1mg IVP/IN/IO/IM
   B. PEDS: 0.01mg/kg IVP/IN/IO/IM max single dose of 1mgh
   C. 1mg, Repeat q. 4 minutes until ventilations increase or resume
   D. 4mg Fast IV/IO push

2) Hypoventilation causes a Decrease in ETCo2?
   True or False

3) What is the beginning of an ETCo2 waveform?>
   A. Exhalation
   B. Inhalation
   C. Expiratory down stroke
   D. Expiratory up stroke

4) What is happening in Phase II of the Capnography phase?
   A. You are actively inhaling
   B. You are expiring air from your lungs
   C. You are setting a baseline
   D. You are about to inhale again

5) The Shape of a waveform should be:
   A. Rectangular with rounded corners
   B. Square with rectangular corners
   C. Sharp, up and down edges and corners
   D. Rectangular with square corners

6) Why do we, as EMS professionals look for TRENDING in our patients ETCo2 and overall care?
   A. It can define definitive courses of action taken by the accepting medical facility
   B. The Shape itself tells providers about the quantity, rate and shape of the ETCo2.
   C. Respiratory Therapists and ED MD's appreciate it
   D. A & B

7) A normal End-Tidal Co2 for a normal patient is seen between:
   A. 25-35
   B. 30-35
   C. 35-45
   D. 30-45

8) If a patient begins to metabolize anaerobically and they become unstable, what is their body most likely deprived of?
   A. Potassium
   B. Water
   C. Electrolytes
   D. Oxygen

9) If the patient in Question #8 was in your care, what diagnostic tool do you possess that could obtain vital information as to that patient's condition, very quickly?
   A. ETCo2
   B. Pulse Oximetry
   C. Blood Glucose
   D. NIH Stroke Scale

10) In Phase III of the ETCo2 Waveform, the height of the plateau is related to cardiac output? True or False

11) How many liters of O2 do you flow for a hand-held nebulizer treatment?
   A. 15 lpm
   B. 25 lpm
   C. 6 lpm
   D. 2-4 lpm

12) Ventilation is the _____ process of Moving air in and out of the lungs.
   A) Molecular
   B) Stiffening
   C) Mechanical
   D) Passive

13) Oxygenation happens when you take in oxygen. What happens then?
   A) Oxygen diffuses through alveolocapillary membranes into the blood
   B) The blood that has been oxygenated then supplies the tissues of the body
   C) You exhale 67% Nitrogen into the atmosphere when you exhale
   D) A & B Only

14) If you encounter a patient in distress, with a history of Asthma, who has audile wheezing and is found a tripod position upon your arrival, what medication should be administered first?
   A) Epinephrine 1mg/1ml; 1mg IM, may repeat X1 in 10 minutes
   B) Magnesium 2g in 16ml moderate push over 20 minutes
   C) Epinephrine 1mg/1ml; 0.3mg IM, may repeat X1 in 10 minutes
   D) Albuterol 2.5 & Ipratropium 0.5mg, may repeat X1 as needed

15) Your unit has been dispatched to a local food festival for a man down. Upon your arrival, the Sheriff Department has your scene secure. You observe an approximately 45 Y/O male unconscious to verbal and painful stimuli laying supine next to a Gyro truck. Witnesses stated that he was acting "Funny" or even "Disorientated", he then collapsed from a standing height to the ground. Your partner calls for ALS backup from your departments Engine crew. You access that the patient has an open airway but appears to be breathing at a very shallow rate and depth. Your patent holds manual c-spine and you apply a rigid c-collar due to the mechanism of the fall. The engine arrives minutes later and begins assisting with ALS interventions, preparing the patient to be packaged for transport in the ambulance. Before back boarding the patient and moving them to your Ambulance for transport, you still note shallow respirations and depth. You have an engine member immediately begin bagging the patient and place them on Etco2 and the cardiac monitor. Once inside the ambulance, you obtain the following diagnostic information:

Respirations: 16, assisted
Heart rate: 92
Blood pressure: 136/90
Chem: 109
Lungs: Clear in all fields
Pupils: Left eye 1mm, Right eye 1mm, both sluggish to react to light
Monitor: Sinus Bradycardia
IV: Established, Left AC, 18g

What intervention should you be doing next?

A) Apply 15 lpm of O2 via non-rebreather
B) Administer Naloxone, 1mg IVP/IN/IO/IM, Repeat q. 2 minutes until ventilations increase
C) Administer 250ml NS, then after the 250 bolus is in, run the line at a TKO rate
D) Administer Naloxone 2mg, every 3-5 minutes, until pulse oximetry is between 95%-98%

Please email completed quiz to Cindy Tabert at cindy.tabert@nm.org to receive CE credit.