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February 21, 2011

TO: ALL LUCAS COUNTY PARAMEDICS

FROM: Brent Parquette, NREMT-P  
LCEMS Continuing Education Program

RE: **Continuing Education – March 2011**

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In the month of March lecture material will be presented on *“Children with Special Healthcare Needs.”* Skill stations will be dedicated to assessment and treatment of the pediatric patient. I ask that you review the following LCEMS protocols to help better prepare yourself for training:

Tab 1100 – Pediatric Protocols

- Section A: Pediatric Airway
- Section C: Allergic Reaction
- Section D: Altered Mental Status
- Section E: Bradycardia
- Section G: Extremity Trauma
- Section N: Overdose / Toxic Ingestion
- Section O: Pain Control
- Section Q: Pulseless Arrest
- Section R: Respiratory Distress
- Section S: Seizures
- Section T: Tachycardia

Please take time to complete the attached pre-test. Answers are based upon current LCEMS protocols. As always, if you have any questions or comments, please feel free to contact me by e-mail or phone. I look forward to seeing you in the coming month.

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## Pre-Test Questions

Answers to pre-test questions are based upon current LCEMS operating protocols:

1. According to LCEMS protocol, the pediatric patient is defined as:
  - a. < 16 years of age
  - b. < 18 years of age
  - c. < 8 years of age
  - d. < 4 years of age
  
2. Inability to intubate a non-breathing pediatric patient would be an indication to perform a needle/surgical cricothyrotomy?
  - a. True
  - b. False
  
3. Pediatric patients requiring post-intubation sedation to maintain airway control should be given:
  - a. Versed 0.1mg/Kg IV / IN by protocol
  - b. Versed 0.2mg/Kg IV / IN by protocol
  - c. Valium 0.2mg/Kg IV / IN by protocol
  - d. Any post-intubation sedation must be authorized by On-Line Medical Control
  
4. A 6-year-old (20Kg) male presents with hives and itching following a bee sting. The patient is alert and oriented with no respiratory complaints. You should administer:
  - a. 0.5mg Epinephrine 1:1,000 SQ
  - b. 0.3mg Epinephrine 1:1,000 IM
  - c. Benadryl 25mg IV / IM
  - d. Benadryl 20mg IV/ IM
  
5. In the pediatric patient, Solu-Medrol is dosed at 1mg/Kg. The maximum dosage allowable by protocol is:
  - a. 125mg
  - b. 100mg
  - c. 50mg
  - d. 25mg
  
6. A 1-year-old (10Kg) child presents with decreased mental status and a depressed blood sugar of 42mg/dl. You should administer:
  - a. 20mL of 12.5% Dextrose IV
  - b. 20mL of 25% Dextrose IV
  - c. 20mL of 50% Dextrose IV
  - d. 10mL of 12.5% Dextrose IV

7. A 10-year-old (30Kg) male is found responsive only to loud verbal stimuli. Airway is patent with depressed respiratory effort. There is no medical information regarding the patient available at the scene. BS is 120mg/dl. An IV has been established and 2.0 mg Narcan administered. There is no improvement in patient condition. You should consider administration of:
- Glucagon 0.5mg IN / IM
  - Oral Glucose
  - Repeat Narcan at 4.0mg IV
  - 30mL Dextrose 50%
  - No further pharmacologic intervention is needed. Monitor closely and transport to the hospital
8. A 20Kg pediatric patient requires Glucagon administration for depressed blood sugar. The correct dosage and route of administration would be:
- 1.0mg IN / IM
  - 1.0mg IV
  - 0.5mg IN / IM
  - 0.5mg IV
9. A 12-year-old (40Kg) male with cardiac history presents with symptomatic bradycardia and low blood pressure. Initial fluid bolus fails to increase perfusion status. You should consider IV administration of:
- 0.5mg Epinephrine 1:10,000
  - 0.4mg Epinephrine 1:10,000
  - 0.3mg Epinephrine 1:10,000
  - 0.1mg Epinephrine 1:10,000
10. The patient from question #9 remains refractory to Epinephrine infusion with continued low perfusion status. You should consider IV administration of:
- Atropine 0.8mg IV
  - Atropine 1.0mg IV
  - Dopamine 200mcg/min
  - Dopamine 400mcg/min
11. TCP, if required, for the pediatric patient should be initiated at:
- 140 bpm
  - 120 bpm
  - 100 bpm
  - 80 bpm

12. A 14-year-old (50Kg) male patient fell from a tree and suffered an isolated left humeral fracture. He is in considerable pain rated at "9/10". There are no known allergies. Pain control should be accomplished by:
- Administration of Morphine 10mg IV
  - Administration of Morphine 5mg IV
  - Administration of Fentanyl 50mcg IV
  - Administration of Fentanyl 25mg IV
13. Your 10-year-old (30Kg) female patient is suspected of an accidental Verapamil overdose with compromising symptoms. You should consider administration of:
- Calcium Chloride 600mg slow IV
  - Glucagon 1.0mg IV
  - Atropine 0.8mg IV
  - Sodium Bicarbonate 30mEq IV
14. The recommended concentration / dosing of Dextrose for a neonate patient is:
- 1-2mL/Kg 50% Dextrose
  - 1-2mL/Kg 25% Dextrose
  - 1-2mL/Kg 12.5% Dextrose
  - None of the above
15. An 8-year-old (25Kg) male patient is in VF arrest refractory to initial defibrillation and Epinephrine infusion. You should administer:
- 0.5mg Atropine IV / IO
  - 125mg Amiodarone IV / IO
  - 1.0mg Atropine IV / IO
  - 150mg Amiodarone IV / IO
16. The TubeChek (EDD) should not be used for ET tube confirmation in the pediatric patient < 20Kg.
- True
  - False
17. The ResQPOD (ITD) improves hemodynamics during chest compressions and increases the likelihood of ROSC from a cardiac arrest state. The ResQPOD should **not** be used in the pediatric patient who is:
- > 1 year of age
  - < 1 year of age
  - ResQPOD should be used on ALL patients
  - The ResQPOD is not intended for use on pediatric patients

18. First efforts at treating a child with “croup” should be:
- Nebulized Albuterol 2.5mg
  - Solu-Medrol 1mg/Kg IV
  - Nebulized Epinephrine 1:1,000
  - Nebulized Saline
19. A 20Kg 6-year-old female requires pharmacologic intervention for seizure control. You are unable to establish an IV. You should administer:
- Valium 4mg PR (rectally)
  - Valium 10mg IN
  - Versed 2mg IN
  - Versed 4mg IN
20. A 10-year-old (30Kg) male presents with symptomatic narrow-complex tachycardia at a rate of 200bpm. ECG rhythm and symptoms are refractory to vagal maneuvers. You should administer:
- 12mg Adenocard rapid IVP
  - 3mg Adenocard rapid IVP
  - 10mg Cardizem IV
  - 5mg Cardizem IV