International
DHA-EMTB
DHA Emergency Medical Technician - Basic (DHA-EMTB)

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Question: 1

In extremely dangerous or violent emergencies a team of specially trained EMS workers may be called in. This team is known as which of the following?

A. incident management team
B. tactical emergency medical support team
C. hazmat team
D. BSI team

Answer: B

Explanation:
In scenarios where there is a heightened risk due to violence or dangerous conditions, such as active shooter incidents, hostage situations, or terrorist attacks, specialized medical support is crucial for both civilian and law enforcement safety. For these types of emergencies, a standard Emergency Medical Services (EMS) team is not equipped to operate safely and effectively. This is where the Tactical Emergency Medical Support (TEMS) team comes into play.
The TEMS team consists of EMS personnel who have undergone advanced training specifically tailored to operate in conjunction with law enforcement and other first responders in high-threat environments. This training includes tactical movement, self-defense, and specific medical procedures that can be performed in an unstable or hazardous environment.
TEMS personnel are equipped to provide critical medical care at the point of injury, which is often in close proximity to an ongoing threat. Their presence ensures that life-saving medical interventions start as quickly as possible, significantly improving the survival chances of those injured in such incidents. Additionally, these teams help in the extraction of the injured from hot zones to safer areas where further medical treatment can be administered.
These teams are not only trained to handle the medical aspects of emergency situations but are also skilled in using protective gear and weapons, if necessary, to ensure their safety and the safety of the victims and other responders. They are an integral part of the incident command system that manages these complex and dangerous situations.
The role of a TEMS team can be critical during law enforcement operations such as raids on high-risk targets like drug laboratories or during the resolution of hostage situations, where the potential for violence is high. Their training enables them to work seamlessly with tactical law enforcement teams, adding a vital component to the overall strategy of managing dangerous operations safely and effectively.
In summary, the Tactical Emergency Medical Support team is a specialized group within EMS that is specifically prepared to operate in hostile and extreme conditions where traditional EMS teams cannot. Their advanced skills and integration with law enforcement tactics are essential for providing immediate medical care in violent or dangerous situations, thereby saving lives and enhancing the effectiveness of public safety operations.

Question: 2

Another name for the nasal turbinate is

A. Nasal concha.
B. Nasal shell.
C. Nasal cilia.
D. Nasal core.

Answer: A

Explanation:
The correct terminology for the nasal turbinate is "nasal concha." These structures are crucial components of the nasal cavity and play a significant role in the respiratory system. The term "nasal turbinate" refers to one of several long, narrow, and curled bone shelves that protrude into the breathing passage of the nose. These turbinates are also known as nasal conchae, which is the more anatomically precise term.
"Nasal concha" comes from the Latin word for "shell," which aptly describes the appearance of these structures. The nasal conchae are responsible for filtering, heating, and humidifying the air that passes through the nose. This process helps in protecting the respiratory tract by trapping pathogens and particles in the inhaled air.
It is essential to differentiate between the terms provided in the options. "Nasal shell" might sound similar but is not a recognized anatomical term for the turbinate. "Nasal cilia" refers to the microscopic hair-like structures that line the respiratory tract and are different from the bony structures of the turbinates. "Nasal core" is not an anatomical term associated with the nasal structures.
In summary, the nasal turbinate or nasal concha is a critical anatomical feature within the nasal cavity, designed to enhance the air's condition before it reaches the lungs. The accurate term is "nasal concha," reflecting its shell-like appearance and function within the nasal passages.

Question: 3

You are assessing a stabbing injury and see that the blood is bright red and spurts. This is an indication of which of the following?

A. venous bleeding
B. capillary bleeding
C. hematemesis
D. arterial bleeding

Answer: D

Explanation:
When assessing a stabbing injury and observing that the blood is bright red and spurts, it indicates arterial bleeding. This type of bleeding is specific to arteries, the blood vessels that carry oxygen-rich blood from the heart to the rest of the body.

The characteristics of arterial bleeding are quite distinctive. Firstly, the blood is bright red due to its high oxygen content. Secondly, the bleeding tends to spurt or pulse, aligning with the rhythm of the heartbeat. This pulsatile nature is due to the high pressure under which blood is pumped by the heart through the arteries.
In contrast, venous bleeding, which involves the vessels returning blood to the heart, presents differently. The blood is darker due to a lower oxygen content and flows in a steady, slow stream, as veins are under less pressure compared to arteries. Venous blood does not typically spurt.
Another type of bleeding is capillary bleeding, which occurs from the smallest blood vessels in the body. Capillary bleeding is characterized by blood that oozes out slowly and can be red or dark red. This type of bleeding is usually not severe and is easier to control.
It's important to correctly identify arterial bleeding due to its potentially life-threatening nature. Rapid and effective medical intervention is crucial to control arterial bleeding, often requiring pressure application and urgent professional medical treatment to prevent significant blood loss and associated complications.

Question: 4

Which of the following statements about a bag-valve-mask method of artificial ventilation is least accurate?

A. The maximum volume is approximately 1600 mL.
B. Two EMTs using the device will be more effective.
C. It provides more volume than mouth-to-mask.
D. It may produce gastric inflation with positive pressure ventilation.

Answer: C

Explanation:
The question pertains to the accuracy of statements about the bag-valve-mask (BVM) method of artificial ventilation. Answering this requires a clear understanding of how the BVM system functions and compares to other methods of emergency respiratory support, such as mouth-to-mask ventilation.
The first statement claims that "The maximum volume is approximately 1600 mL." This is generally accurate, as a standard adult BVM can hold between 1000 to 1600 mL of air, depending on the specific model and the compression applied by the rescuer.
The second statement, "It provides more volume than mouth-to-mask," is identified as the least accurate statement. This requires some clarification. Typically, mouth-to-mask ventilation can deliver varying volumes depending on the rescuer's ability to provide adequate breaths. A trained and capable rescuer using mouth-to-mask can often deliver comparable or slightly higher volumes of air, up to 800 mL or more per breath, compared to a BVM. The BVM's effectiveness can be lessened if not used properly; it is also dependent on the seal between the mask and the patient's face and the ability of the rescuer to synchronize compressions and ventilations efficiently.
The third statement, "Two EMTs using the device will be more effective," is accurate. Using a BVM effectively often requires two trained personnel: one to hold the mask firmly in place to ensure a good seal and the other to squeeze the bag. This teamwork helps in delivering consistent and adequate ventilation volumes, while also monitoring the patient's response to treatment.
The fourth statement, "It may produce gastric inflation with positive pressure ventilation," is also accurate. One of the risks associated with the use of BVM, particularly if used with excessive force or if

the air is delivered too quickly, is the inflation of the patient's stomach (gastric inflation). This occurs when air enters the stomach instead of the lungs, which can lead to complications such as vomiting and aspiration.
In summary, the statement "It provides more volume than mouth-to-mask" is indeed the least accurate when discussing the capabilities and effectiveness of bag-valve-mask ventilation compared to mouth-to-mask ventilation. This is because the actual volume delivered can vary and may not necessarily exceed that of mouth-to-mask methods, especially when factoring in the skill and experience of the rescuer.

Question: 5

A placard is on an overturned transport vehicle. Which of the following do you need?

A. HAZMAT.
B. Utility company.
C. Police.
D. Firefighters.

Answer: A

Explanation:
When a transport vehicle is overturned and features a placard indicating hazardous materials, it is crucial to understand the immediate steps to be taken to ensure safety and prevent any potential disasters. Here's an expanded explanation to address the importance of needing a HAZMAT (Hazardous Materials) response team in such situations:
A placard on a vehicle is a regulatory sign used to indicate that the vehicle is transporting potentially dangerous goods. These goods can be chemical, biological, or radiological substances that pose risks not only to the environment but also to public health and safety. The placards are designed according to international and national regulations, such as those specified by the DOT in the United States or similar regulatory bodies worldwide. These signs help in quickly identifying the type of hazard and the level of threat they pose, which is crucial in emergency situations.
In the event of an accident involving such a vehicle, like an overturn, the first concern is the potential spill or leak of the hazardous materials. If these substances are released, they can lead to significant environmental damage, contaminate water sources, cause fires or explosions, or result in toxic exposure to humans and wildlife. Therefore, it is imperative that specialized teams are called to manage these risks effectively.
This is where HAZMAT teams come in. HAZMAT stands for Hazardous Materials. These teams are specially trained and equipped to handle dangerous goods and situations. Their training includes the containment and cleanup of hazardous spills, the use of protective gear to safeguard themselves from chemical exposure, and the implementation of emergency procedures to mitigate any further risks to public safety.
Upon arriving at the scene, the HAZMAT team will first assess the situation to understand the extent of the spill or leak and the specific type of materials involved. They will then proceed to contain the spill to prevent further spread of the substance. This might involve using absorbent materials, neutralizing chemicals, or constructing physical barriers. Once containment is achieved, the cleanup process begins, ensuring that all hazardous materials are safely removed and properly disposed of, thus restoring safety to the area.

Although other emergency services like the police, firefighters, and utility companies play critical roles in the overall management of traffic accidents and public safety, the specific task of handling and neutralizing hazardous materials falls primarily to the HAZMAT team. The police may assist with traffic control and securing the scene, firefighters may handle fires or rescue operations, and utility companies might manage risks related to gas lines or electrical hazards, but when it comes to hazardous materials, the expertise of a HAZMAT team is indispensable.
Therefore, recognizing the placard on an overturned transport vehicle and understanding the need to contact the appropriate hazardous material response team is crucial. It ensures that the situation is managed by those who are most capable of preventing hazardous exposures and environmental damage, thereby safeguarding public health and safety.

Question: 6

In primary triage, patients will be placed into one of four different categories including each of the following EXCEPT:

A. immediate
B. major
C. minor
D. expectant

Answer: B

Explanation:
In primary triage, the process used in emergency medical situations to quickly classify patients based on the severity of their injuries, patients are not categorized as "major." Instead, they are placed into one of the following four categories: immediate, expectant, delayed, or minor. Each category serves a specific purpose in managing the overall emergency response efficiently.
The "immediate" category is reserved for patients who have life-threatening injuries that require urgent and immediate medical attention. These are the highest priority patients in a triage situation, as their conditions necessitate rapid intervention for survival, such as severe bleeding or compromised airways.
The "expectant" category includes patients whose injuries are so severe that survival is unlikely, even with immediate and intensive treatment. This category may also include individuals who are already deceased. Resources are typically not prioritized for expectant patients during a mass casualty incident, given the low likelihood of survival.
"Delayed" patients are those whose medical issues are serious but not life-threatening in the immediate term. They require medical care but can wait a bit longer without their condition dramatically worsening. The care for these patients is postponed during the triage to attend first to those in the immediate category.
Lastly, the "minor" category includes patients with relatively minor injuries who may need little to no professional medical treatment. Often referred to as the "walking wounded," these individuals can sometimes manage with self-care or over-the-counter medication and are capable of moving independently without assistance.
The categorization in triage helps medical professionals make the best possible use of available resources during emergencies, ensuring that those who need urgent care receive it promptly and that care is not wasted on those who have little chance of survival or those with minor injuries that can be

self-managed. This system is crucial for effective response in disaster scenarios where medical resources are limited.

Question: 7

Which of the following cannot be obtained from an ECG strip?

A. heart rate
B. rhythm regularity and irregularity
C. pumping action of the heart
D. intervals for impulse conduction

Answer: C

Explanation:
An electrocardiogram (ECG or EKG) is a test that records the electrical activity of the heart over a period of time using electrodes placed on the skin. This test is commonly used to detect heart problems and monitor the heart's status in many situations. However, it has its limitations in terms of the type of information it can provide about the heart's functioning.
The ECG primarily measures the timing and duration of each electrical phase in the heartbeat. From an ECG strip, one can determine the heart rate by counting the number of QRS complexes (the spikes seen on an ECG strip) per minute. The ECG can also show the rhythm of the heart, indicating whether the heart beats in a regular pattern (rhythm regularity) or an irregular one (rhythm irregularity).
Additionally, the ECG provides information about the intervals for impulse conduction, such as the PR interval, QRS duration, and QT interval, which can help in diagnosing different cardiac conditions.
However, what an ECG does not show is the pumping action of the heart. The pumping action involves the contraction and relaxation of the cardiac muscle, which leads to the actual movement of blood in and out of the heart chambers. This mechanical function of the heart is not captured by the electrical recordings of an ECG. Instead, other diagnostic tests such as an echocardiogram or cardiac MRI are needed to visualize the heart's pumping action and to assess the function of its chambers and valves.
Therefore, while an ECG is invaluable for understanding the electrical aspects of heart function, it does not provide direct insights into the mechanical aspects like the efficiency of the heart as a pump. This is why, in clinical practice, an ECG is often used in conjunction with other diagnostic tools to get a comprehensive understanding of heart health.

Question: 8

Which of the following statements about dog bites is least accurate?

A. Dogs surpass all other mammals in the number of bites inflicted on humans.
B. Dog bites result in an estimated 340,000 emergency-room visits annually throughout the United States.
C. Far less than half the bites seen by emergency departments occur at home.
D. Children under 10 years old, especially boys between 5 and 9 years of age, are more likely than older people to visit an emergency room for bite treatment.

Answer: C

Explanation:
The statement "Far less than half the bites seen by emergency departments occur at home" is identified as the least accurate among the options provided about dog bites. In reality, statistics show that more than half of dog bite incidents treated in emergency departments actually occur at home. This discrepancy highlights a common misunderstanding about the typical environment for dog bites, emphasizing the importance of awareness and preventive measures in domestic settings.
Dogs, being the most common pets in numerous households, naturally interact more frequently with humans, including children and visitors, which contributes to the higher incidence of bites occurring at home. The close and frequent contact between dogs and family members increases the likelihood of bite incidents in these personal spaces, contrary to the statement given.
Additionally, it's important to note that although a significant number of dog bites occur at home, the severity of these incidents varies widely. Most injuries from dog bites are of low severity, with the majority of patients receiving treatment and then released from emergency facilities. This factor might contribute to a misunderstanding of the dynamics and consequences of dog bites, underestimating the importance of preventive measures within the home.
Focusing on the demographic most affected, children, particularly boys aged between 5 and 9, are statistically more likely to be treated in emergency rooms for dog bites. This demographic trend underscores the need for targeted educational programs that teach children how to safely interact with dogs, ideally reducing the number of bite incidents.
Understanding the accurate context and statistics regarding where and to whom dog bites occur can significantly aid in crafting better prevention strategies. This can include better supervision of interactions between children and dogs, educating all family members on dog behavior, and perhaps more stringent measures for dog training and behavior management within household settings.

Question: 9

If you administer nitroglycerin to a patient, what is the maximum number of doses that should be given?

A. 5
B. 3
C. 2
D. 1

Answer: B

Explanation:
When administering nitroglycerin, which is commonly used to treat episodes of angina pectoris (chest pain), careful attention must be paid to the dosage and frequency of administration. Nitroglycerin works by dilating the blood vessels, which can significantly reduce the load on the heart and ease chest pain. However, excessive use can lead to serious side effects such as severe hypotension (low blood pressure), headache, dizziness, and an increased heart rate.
The general guideline for administering nitroglycerin in an acute setting involves giving one dose initially and then monitoring the patient's response. This dose can be given either as a sublingual tablet or a

spray. After administering the first dose, it is crucial to reassess the patient's vital signs including blood pressure and heart rate.
If the patient's chest pain does not significantly improve after the first dose, a second dose can be administered, typically about five minutes later, followed by another reassessment of vital signs. If necessary, a third dose can be given another five minutes after the second dose, making it a total of three doses in approximately a 15-minute period.
It is important to note that if the patient's symptoms do not resolve after three doses of nitroglycerin, or if the patient shows any signs of adverse reactions like severe hypotension or abnormal heart rhythms, further administration of nitroglycerin should be halted, and immediate medical intervention should be sought. This could indicate a more serious underlying condition such as myocardial infarction (heart attack) or complications related to the drug itself.
Therefore, the maximum number of doses of nitroglycerin that should be given in a short period is three. Administering more than three doses without observing significant improvement or stabilization in symptoms warrants emergency medical assessment and possibly alternative therapeutic strategies. Always ensure to operate within the established guidelines and consult medical professionals when necessary.

Question: 10

You are assessing a patient who has experienced sudden, excruciating LUQ epigastric pain that has continued for the past week. The patient has been vomiting, and has a fever and positive Grey Turner and Cullen signs. You would most likely suspect which of the following conditions?

A. leaking abdominal aneurysm
B. perforated gastric ulcer
C. salpingitis
D. pancreatitis

Answer: D

Explanation:
Based on the symptoms described in the question, the most likely diagnosis is pancreatitis. Pancreatitis is an inflammation of the pancreas, a gland located behind the stomach and near the duodenum. The pancreas plays a vital role in digestion and blood sugar regulation, producing digestive enzymes and insulin. Pancreatitis can be acute or chronic, with acute pancreatitis presenting suddenly and with severe symptoms.
The symptoms of pancreatitis typically include sudden and severe pain in the upper left quadrant (LUQ) or epigastric area, which often radiates to the back. This pain can be excruciating and is frequently accompanied by nausea and vomiting, which are reflective of the body's reaction to the inflammation of the pancreas. The patient's report of persistent, severe pain along with vomiting fits well with this diagnosis.
In addition to these symptoms, the presence of fever suggests an inflammatory or infectious process, consistent with acute pancreatitis. Moreover, the presence of Grey Turner and Cullen signs further supports the diagnosis of pancreatitis. Grey Turner's sign refers to bruising on the flanks, while Cullen's sign is the appearance of bruising around the umbilicus. Both signs may indicate severe pancreatitis with hemorrhagic complications, suggesting that blood and fluid from pancreatic inflammation have seeped into abdominal tissues. These signs typically appear a few days after the onset of the illness.

Differential diagnosis could consider other conditions like a perforated gastric ulcer, leaking abdominal aneurysm, or salpingitis. However, the nature and location of the pain, accompanied by vomiting, fever, and the specific hemorrhagic signs (Grey Turner and Cullen), make pancreatitis the most likely cause. A perforated ulcer often presents with more localized, sharp pain that becomes diffuse and a rigid abdomen, while leaking abdominal aneurysm would typically present with pulsating abdominal pain and symptoms of shock. Salpingitis, inflammation of the fallopian tubes, would be more likely to present with lower abdominal pain and reproductive symptoms.
In conclusion, given the acute presentation of severe LUQ and epigastric pain, vomiting, fever, and positive Grey Turner and Cullen signs, pancreatitis is the most probable diagnosis. Immediate medical evaluation and treatment are essential to manage the symptoms and prevent complications such as pancreatic necrosis or infection.

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