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# **EMS IBSC-FP-C**

**The International Board of Specialty Certification: Flight  
Paramedic-Certified (FP-C)**



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## Question: 1

Which of the following most accurately describes the neuropathophysiology of an epileptic seizure?



- A. The neuropathophysiology of epileptic seizures is not fully understood.
- B. Seizures are caused by alterations in the extracellular environment.
- C. Seizures are caused by an alteration in the grey matter of the brain.
- D. Seizures are caused by alterations in the neuronal pool

**Answer: A**

Explanation:

While it is well known that seizure activity occurs due to abnormal electrical activity in the brain, laboratory studies and clinical experience have yet to be able to define the underlying neuropathophysiology of a seizure. Two reasonable theories propose that an alteration in the neuronal pool or extracellular environment contributes to seizures. Providers can typically narrow down the cause of a specific seizure to head trauma, hypoglycemia, toxins, idiopathy, stroke, fever, or other illness or injury. However, the true neuropathophysiology of seizures is still being studied. Alterations in the grey matter are not currently being considered as the cause of seizures.

## Question: 2

You are called to a rural hospital for the transport of a 57-year-old male to a higher-level care facility. The patient was brought to the ER by EMS after a large, heavy piece of farm equipment fell and pinned

him underneath. The patient's nurse reports that the patient was trapped from the waist down for several hours before heavy rescue was able to free the patient. As a flight paramedic, which of the following conditions should you be concerned the patient may have?

- A. Disseminated intravascular coagulopathy
- B. Traumatic asphyxia
- C. Rhabdomyolysis
- D. Compartment syndrome

**Answer: C**

Explanation:

After suffering entrapment, the flight paramedic should be aware of the possibility of patients developing rhabdomyolysis. This condition is caused when muscle tissue is crushed and damaged, releasing myoglobin, which can cause acute renal failure. Damaged muscle cells also release potassium, leading to hyperkalemia which, at high levels, can cause fatal arrhythmias.

Disseminated Intravascular Coagulopathy (DIC) is a condition in which the patient forms many micro clots resulting in the depletion of clotting factors. There are many causes of DIC, but usually, it results as a complication of another disease process such as sepsis or Multi Organ Damage Syndrome (MODS). Traumatic asphyxia is more common in compression of the thoracic cavity. Compartment syndrome is isolated to one muscle compartment.

### Question: 3

Your traumatized patient opens their eyes to painful stimuli, the patient withdraws from pain and only makes incomprehensible sounds.

What is this patient's GCS?

- A. 4
- B. 6
- C. 8
- D. 10

**Answer: C**

Explanation:

The purpose of the GCS ( Glasgow Coma Scale/Score) is to describe and communicate the condition of an individual patient by separate, multidimensional ratings of their eye, verbal, and motor responses. It is calculated by adding the total points selected under each component (eye, verbal, motor) for a total of 15 possible points. This patient would get a motor score of 4, verbal 2, and eye-opening 2.

- Eye-opening
  - o Spontaneous (4)
  - o To verbal command (3)
  - o To pain (2)
  - o None (1)
- Verbal response

- o Oriented (5)
- o Confused (4)
- o Inappropriate words (3)
- o Incomprehensible sounds (2)
- o None (1)
  - Motor response
- o Obey's commands (6)
- o Localizes pain (5)
- o Withdrawal from pain (4)
- o Flexion to pain (3)
- o Extension to pain (2)
- o None (1)

Severity of injury can also be determined based on the GCS score:

- 14-15: Mild
- 9-13: Moderate
- 3-8: Severe

### Question: 4

You are part of an air medical transport crew that has been asked to provide international transport for a patient who fell ill while on a cruise in international waters. Regarding the transport of medications during international medical air transport:

- A. Medical crew members may be asked to transport patients' medication in their luggage.
- B. Special medication permits allowing transport may be required.
- C. Patient medications may be transported in the patient's luggage.
- D. The referring hospital may provide patient-specific medication in some instances.

**Answer: B**

Explanation:

Many logistical details must be attended to when planning for the medical air transport of patients to or from other countries. It is not uncommon for countries to have policies in place requiring the medical air transport crew to obtain special permits for the transport of specific medications, or to have specific requirements in place, such as following certain packaging guidelines, when certain medications are needed for transport. Failure to comply with these requirements or failure to identify country-specific requirements may result in the delay of the transport flight or even confiscation of needed medications. All medications should be appropriately packaged in clearly labeled medication kits or other medical packs, and should not ever be carried in the personal luggage of either the patient or any crew members.

### Question: 5

Which type of burn causes saponification of tissue?

- A. DC current

- B. AC current
- C. Acids
- D. Alkalis

**Answer: D**

Explanation:

Alkali burns occur due to exposure to basic substances like lye or ammonia. These burns penetrate deeply and cause a process called saponification, where the alkali reacts with fats in tissues, turning them into a soap-like substance. This reaction leads to ongoing tissue damage, making prompt irrigation with large amounts of water crucial to dilute and neutralize the chemical.

Acid burns cause coagulation necrosis, leading to a firm and leathery eschar formation, rather than saponification. AC (alternating current) burns are typically associated with explosive injuries at entry and exit points, while DC (direct current) burns are more likely to cause deep tissue damage with more focused entry and exit wounds.

### Question: 6

Which of the following statements regarding medical transport of a pregnant patient experiencing third-trimester bleeding is most accurate?

- A. The patient should be transported by a team consisting of both maternal and neonatal specialists.
- B. The patient may be safely transported by a general transport team that has received high-risk obstetrical training.
- C. The patient should be transported by a specialized maternal transport team.
- D. The patient may be safely transported by a general transport team.

**Answer: B**

Explanation:

Medical transport of pregnant patients has generated controversy for years regarding the necessary or required team composition for safe transport of these patients. While some medical transport programs may have transport teams comprised of individuals trained in the delivery of specialized maternal, fetal, or neonatal care, more often than not, non-specialty teams are responsible for the delivery of care to pregnant patients who require medical transport.

Most sources agree that should a pregnant patient who is experiencing third-trimester bleeding require medical transport, this may be safely undertaken by a general transport team that has received specialized training in high-risk obstetrical care from obstetric specialists. Patients who are preeclamptic may also be safely transported in this manner. Patients who are severely preeclamptic require transport by a specialized maternal transport team, and laboring patients should be transported with both a specialty maternal and neonatal team present.

### Question: 7

You are transporting a three-year-old child with complex medical needs who is nonverbal and dependent on a feeding tube. The parents state that the child has a rare metabolic disorder and a history of severe allergic reactions, but they are too distraught to recall specific details. According to the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP), where is the best place to look for the child's Emergency Information Form (EIF)?

- A. With the EMS crew's standard transport documents, which include a general medical history of all patients.
- B. In the electronic health record (EHR) at the receiving hospital or medical facility.
- C. Only in the child's primary care provider's office, since it is maintained there for routine visits.
- D. With the EMS crew's standard transport documents, we must make sure that all information is included always.

**Answer: B**

Explanation:

The Emergency Information Form (EIF) is a document designed to provide rapid access to critical medical details for children with special healthcare needs. The best place to look for the EIF is in the electronic health record (EHR), as many hospitals and emergency systems integrate these forms for quick access. Additionally, parents may carry a printed copy, and a national medical database may store it for emergency providers.

While the PCP may have a copy, it may not be readily accessible during an emergency. These do not typically contain a detailed EIF for medical management. EMS standard transport documents: Do not automatically include an EIF unless specifically provided by caregivers.

### Question: 8

You are a flight paramedic on a helicopter EMS team and are transporting a patient with an Intra-aortic Balloon Pump (IABP) in place. During transport, you notice rust-colored flakes in the tubing. What is the most likely significance of the rust-colored flakes?

- A. The helium tank has run out
- B. The balloon has ruptured
- C. There are blood clots in the tubing
- D. The distal tip of the catheter has been dislodged

**Answer: B**

Explanation:

While the use of Intra-aortic Balloon Pumps (IABP) has gone down in recent years, critical care providers must be proficient in continuous monitoring of IABP waveforms. These patients are often critically ill. The IABP serves to increase cardiac perfusion and carbon dioxide while, at the same time, decreasing the workload of the heart. And while medical air transport crews are typically well-trained in the care of, and transport of, patients requiring IABP, these devices are not without risk to the patient. In addition to the cardiac pathology that may occur in patients who have an IABP, including the development of ventricular fibrillation or pulseless ventricular tachycardia, among other cardiac

emergencies, the pump itself may experience complications that jeopardize the health and well-being of the patient. Power failure of the pump, running out of helium for the balloon, dislodgement of the catheter, oozing from the insertion site, occlusion of the catheter, and rupture of the balloon or balloon tubing are all potential complications of IABP placement. In the instance of a balloon rupture, the medical aircrew will most likely observe the presence of brown- or rust-colored flakes inside the tubing, indicating the presence of clotted red blood cells. Other signs of balloon rupture include the presence of frank blood in the tubing or a loss of gas alarm.

### Question: 9

In which of the following shock states will show an elevated WBC count early, with the WBC count falling as it progresses?

- A. Anaphylactic shock
- B. Cardiogenic shock
- C. Septic shock
- D. Neurogenic shock

**Answer: C**

Explanation:

The patient experiencing septic shock is most likely to undergo significant shifts in the white blood cell (WBC) count as a result of the overwhelming infection. Most often, WBC count will rise in the early stages of sepsis as the body attempts to fight off the infection. If sepsis progresses and the patient moves into a state of septic shock, leukopenia ( $\text{WBC} < 4,000$ ) may develop as a result of the destruction of WBCs at a more rapid rate than the production of new WBCs.

Anaphylactic shock is caused by a release of histamine due to allergen exposure or an anaphylactoid reaction. Neurogenic shock occurs when there is a loss of sympathetic tone due to spinal cord or brain trauma, or a pharmacologic agent. Cardiogenic shock is caused by failure of the heart to pump effectively. None of these will have a significant effect on white blood cell count.

### Question: 10

The typical clinical presentation of aspirin overdose includes which of the following?

- A. Respiratory acidosis due to hypoventilation
- B. Respiratory alkalosis due to hyperventilation
- C. Respiratory acidosis due to hyperventilation
- D. Respiratory alkalosis due to hypoventilation

**Answer: B**

Explanation:

The typical clinical presentation of aspirin overdose includes nausea, vomiting, tinnitus, hearing loss, sweating, and hyperventilation. Patients with tinnitus or hearing loss following an acute ingestion usually have an elevated serum salicylate value.

Most adult patients with acute salicylate overdose have a mixed acid-base disturbance of alkalemia with respiratory alkalosis and metabolic acidosis. As toxicity progresses, acidosis worsens. CNS dysfunction manifests as agitation, lethargy, confusion, seizure, or coma. Severe poisoning may present with noncardiac pulmonary edema and hyperthermia. Hemodialysis may be required in severe cases.

### Question: 11

You are reviewing the Chest Radiograph (CXR) obtained by the referring hospital before transport of the patient. Which of the following statements about reviewing CXR is correct?

- A. Heart size should encompass at least half of the thoracic diameter
- B. Using the PQR-ABCDEFGHI method can assist in an accurate, thorough review of CXR.
- C. A rotating film can be identified by locating the distal ends of the clavicles in relation to the vertebral bodies.
- D. An AP CXR will cause the heart and great vessels to look slightly smaller.

**Answer: B**

Explanation:

Any radiographic studies that were obtained prior to transport should (ideally) be reviewed prior to medical air transport to aid the transport team in determining the best delivery of care and the potential for any exacerbation of the underlying condition during transport. The CXR can be useful in determining accuracy and positioning of therapeutic devices such as correct endotracheal tube (ETT) placement, central line position, or chest tube placement, as well as in evaluating underlying pathology.

In order to ensure the CXR is reviewed thoroughly and systematically, the clinician can use the PQR-ABCDEFGHI method for reviewing the film(s).

P: Position of the patient for the CXR. In an AP (Anterior-Posterior) film, the heart and great vessels will look larger, which limits accurate interpretation of cardiac or mediastinal concerns.

Q: Quality of the CXR. Poor quality will obviously limit the clinician's ability to accurately interpret the film. The elements of quality include how complete the view is, if the film is taken during full inspiration, and if the film is adequately penetrated.

R: Rotation. Rotation of the film may obscure findings or landmarks, or may make these appear more prominent. The easiest method of identifying film rotation is to look for the proximal ends of the clavicles in relation to the vertebral bodies.

A: Airway. Assess the position of the trachea and for any stenosis.

B: Bones and tissue. Assess for any possible fractures or for the presence of subcutaneous air which can indicate pneumothorax.

C: Cardiac. Examine the size, shape, and borders of the cardiac silhouette. The heart should take up less than half the diameter of the thorax.

D: Diaphragm. The clinician should be able to visualize the outline of the diaphragm on both sides of the CXR.

E: Extraneous. Note any lines or tubes present on the CXR.

F: Fields of the lungs. Assess thoroughly, looking for asymmetry and vascular markings.

G: Gastric bubbles should be located under the left hemidiaphragm. Note any presence of the nasogastric tube and placement.

H: Hilum (the main bronchus and the pulmonary arteries). The right side should be higher than the left (in most individuals).



I: Impression. What is your overall impression of CXR?

## Question: 12

Which of the following statements most accurately describes synchronized intermittent mandatory ventilation, Instruction. Click for definition" aria-haspopup="dialog" aria-expanded="false"> Synchronized Intermittent Mandatory Ventilation ( SIMV)?

- A. Unassisted ventilation synchronized with the patient's breathing
- B. Assisted ventilation synchronized with the patient's breathing
- C. Volume-controlled, pressure-controlled ventilation that is synchronized with the patient's breathing
- D. Assisted ventilation synchronized with alternating levels of PEEP

**Answer: B**

Explanation:

Synchronized Intermittent Mandatory Ventilation ( SIMV) is a mode of ventilation that delivers a set number of mandatory breaths synchronized with the patient's spontaneous breathing efforts. During SIMV, the ventilator provides support when the patient initiates a breath, helping to ensure effective gas exchange without overriding the patient's own respiratory efforts. The mandatory breaths can be volume- or pressure-controlled depending on the settings, but the key feature is the synchronization with the patient's natural breathing.

Volume- and pressure-controlled modes are different ventilator settings and are not specific to SIMV alone. SIMV does not alternate PEEP levels with each breath; PEEP remains constant unless adjusted separately. Unlike unassisted ventilation, SIMV provides intermittent mandatory support, rather than allowing the patient to breathe entirely on their own.

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