

3. A patient that is wheezing and in a “tripod” position tells you that he is asthmatic. Which of the following actions may you take? _____
 - a. Assist the patient with the use of an inhaler that is prescribed for him.
 - b. The patient may administer his own inhaler, but you may not assist them beyond handing it to them as this constitutes practicing medicine without a license.
 - c. You may assist the patient with an inhaler as long as it is the same type of medication (i.e., Albuterol) that the patient takes.
 - d. You may not assist a patient with the administration of any medication.
4. The correct course of care for a patient who is hyperventilating is to _____
 - a. comfort the patient and have him talk to you so the focus is on you and not on breathing fast.
 - b. tell him he is causing the problem by being anxious and then instruct him to place a paper bag over the nose and mouth and breathe deeply.
 - c. place him on a nonrebreather mask with high-flow oxygen.
 - d. ignore him, because paying attention to this type of behavior only makes it worse.
5. For patients experiencing a respiratory emergency, which of the following pieces of information is the most important to obtain from the patients first? _____
 - a. Their age, what and when they last ate, and whether they have a family history of similar problems.
 - b. Whether or not they can speak in full sentences.
 - c. What medication(s) they are on.
 - d. Whether they are having any associated symptoms.
6. While auscultating the lungs of a patient complaining of shortness of breath, you notice a crackling sensation just beneath the skin where you press on it with the stethoscope. This finding could be indicative of _____
 - a. asthma.
 - b. pneumonia.
 - c. subcutaneous emphysema.
 - d. pulmonary embolism.
7. A patient who is hyperventilating tells you that he suddenly feels pins and needles in his fingers and toes and cannot unclench his hand. This finding is _____
 - a. an ominous sign and warrants immediate transport to the nearest medical-care facility.
 - b. a sign of impending anoxia, which should be treated with high-flow oxygen.
 - c. benign and will resolve upon a decrease in the respiratory rate.
 - d. benign and will resolve if the patient breathes rapidly for several minutes.
8. Which of the following statements regarding patients experiencing a respiratory emergency is false? _____
 - a. All patients experiencing a respiratory emergency should be encouraged to seek follow-up care in a medical facility, regardless of the underlying cause.
 - b. OEC Technicians should continue oxygen therapy and continually monitor breath sounds and vital signs throughout transport.
 - c. OEC Technicians should assist patients experiencing an asthmatic attack with the use of their own inhaler per local protocols.
 - d. OEC Technicians should discontinue oxygen therapy when a patient’s pulse oximetry reading reaches normal levels of 92 percent or higher.
9. Which of the following statements about the administration of oxygen is true? _____
 - a. Start oxygen therapy high and titrate low.
 - b. Withhold oxygen from patients suffering from emphysema because oxygen therapy can cause them to stop breathing.
 - c. Although oxygen therapy is comforting to the patient, it has little effect in reducing morbidity and mortality associated with respiratory emergencies.
 - d. Administering oxygen is a difficult, complicated procedure that should be used only as a last resort.