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**Question:** 93

While out for a jog, you come across a child on the side of the road. Upon assessment of the child, you notice they have dry mucous membranes, poor skin turgor, tachycardia, and delayed capillary refill you suspect them of having what?

- A. Cardiac Arrest
- B. Respiratory Arrest
- C. Severe Dehydration
- D. Hypovolemic Shock

**Answer:** C

Dry mucous membranes, poor skin turgor, tachycardia, and delayed capillary refill are all signs and symptoms of severe dehydration.

**Question:** 94

While you assess an infant, you notice that their anterior fontanel is sunken in. From your training, you remember that this may indicate what?

- A. Dehydration
- B. Hydrocephalus
- C. Congenital Defect
- D. Meningitis

**Answer:** A

The anterior fontanel should be inspected in all infants. It should be level or slightly sunken and it may pulsate. With dehydration, the anterior fontanel may often fall below the level of the skull and appear sunken.

**Question: 95**

Vertigo is accompanied by all of the following symptoms except:

- A. Nausea
- B. Vomiting
- C. Involuntary Eye Movements
- D. Diarrhea

**Answer: D**

Vertigo is characterized with symptoms that include: nausea, vomiting, involuntary eye movements, dizziness, sweating, and headaches.

**Question: 96**

A good field diagnosis is mostly dependant on what?

- A. Head to Toe Assessment
- B. Getting a good history
- C. Experience as an EMT
- D. Comparing the present case with like cases

**Answer: B**

The ability of the EMT to obtain a good history will be a determining factor in being able to formulate an accurate field diagnosis.

**Question: 97**

When writing a SOAP note, you understand that the “P” stands for what?

- A. Prescriptions
- B. Pathophysiology
- C. Plan

D. Pain

**Answer: C**

SOAP is the universal format for presenting a patient to another health care professional. It stands for (S)ubjective (O)bjective (A)ssessment (P)lan. Whenever presenting your patient over the radio or in person you should follow this format.

**Question: 98**

If your patient is stable, how often should you perform an ongoing assessment?

- A. Every 30 minutes
- B. Every 5 minutes
- C. You do not have to perform an ongoing assessment if the patient is stable.
- D. Every 15 minutes

**Answer: D**

The ongoing assessment must be performed on all patients to monitor for trends and changes in the patient's condition. For an unstable, the assessment should be performed every 5 minutes. It should be performed every 15 minutes on a stable patient. The ongoing assessment includes reassessing the initial assessment and focused exam and reevaluating transport priorities and vital signs, as well as the effectiveness of the interventions and management plans.

**Question: 99**

All of the following are structures of the pelvic cavity except one. Which of the following is not part of the pelvic cavity?

- A. Urinary bladder
- B. Lower portions of the large intestine
- C. Small intestine
- D. Ovaries in females

**Answer: C**

All of the structures above are part of the pelvic cavity except the small intestine, which is actually part of the lower quadrants of the abdominal cavity. The pelvic cavity is the most inferior (lowest) of the major cavities of the body.

**Question:** 100

Which of the following structures is part of the abdominal cavity?

- A. Lungs
- B. Internal reproductive organs
- C. Urinary bladder
- D. Heart
- E. Liver

**Answer:** E

The liver is part of the abdominal cavity, along with the stomach, gallbladder, pancreas, spleen, small intestine, and most of the large intestine. Unlike other cavities, the abdominal cavity is not protected by surrounding bone, which makes the organs of the abdominal cavity susceptible to severe injury. The heart and lungs are found in the thoracic cavity. The urinary bladder and internal reproductive organs are found in the pelvic cavity.

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