



BLS PRETEST

Advanced Medical Life Support

BLS Pre-Test Version 1.2 (8-8-11)

1. A 28 year old female is being evaluated for an acute onset of an alteration in mentation. She complains of a stiff neck and persistent headache. Vital signs are P112, R22 and regular, BP 144/88, SpO₂ 95% and T 102.3°F (39°C). The healthcare provider should observe for which complication?
 - A. Sepsis
 - B. Seizure
 - C. Cardiac arrest
 - D. Internal bleeding
2. A 45 year old patient is found supine on the floor of the Triage area. Healthcare providers note pinpoint pupils, shallow respirations and vomitus in and around the mouth. What course of action should be implemented next?
 - A. Apply a cervical collar
 - B. Suction
 - C. Administer oral glucose
 - D. Begin bag-mask ventilation
3. Patients with a history of chronic obstructive pulmonary disease (COPD) are most likely to have a history of :
 - A. Cigarette smoking
 - B. Angina pectoris
 - C. Clear breath sounds
 - D. Hypertension
4. Acute Respiratory Distress Syndrome (ARDS) is characterized by what pathological change?
 - A. Excessive mucus production
 - B. Inflammation of the visceral pleura
 - C. Breakdown of the alveolar-capillary membrane
 - D. Accumulation of fluid between the pleural layers
5. A young anxious patient is breathing rapidly and drooling while sitting in a tripod position. The pulse oximeter reveals a SpO₂ of 85%. Any attempt to examine the airway results in increased distress. What diagnosis is most likely?
 - A. Croup
 - B. Tonsillitis
 - C. Ludwig's Angina
 - D. Epiglottitis
6. A 62 year old male presents with chest discomfort, respiratory distress and a SpO₂ of 81% on room air. Which device will provide him with the highest percent of concentrated oxygen?
 - A. Venturi mask
 - B. Nasal cannula
 - C. Simple face mask
 - D. Non-rebreather mask

7. Anaphylaxis is most associated with which physiological event:
- A. Hemorrhage
 - B. Vasodilation
 - C. A long-term disease that lasts months
 - D. A short-term disease that lasts minutes
8. An elderly patient in an assisted living facility presents with a diminished level of consciousness. Assessment reveals pale, clammy skin. Vital signs are: P 132, R 38 and shallow, BP 78/46, SpO₂ 91%, T 100.8° F (32.8°C). What classification of shock is the patient experiencing?
- A. Hypovolemic
 - B. Cardiogenic
 - C. Distributive
 - D. Obstructive
9. Healthcare providers are assessing a patient with pronounced jugular vein distention and muffled heart tones. Vitals are P 128, R 26, BP 74/52. What classification of shock is suspected?
- A. Hypovolemic
 - B. Cardiogenic
 - C. Distributive
 - D. Obstructive
10. During compensatory shock, which of the following is true?
- A. Blood pressure remains normal
 - B. Vasodilation maintains blood flow to all tissue
 - C. Respiration rates remain normal
 - D. Heart rate falls below normal
11. Which is a correct statement regarding Type II diabetes mellitus?
- A. Type II diabetes accounts for 90-95% of all diabetes diagnoses
 - B. Most patients are symptomatic from birth
 - C. Treatment with insulin is frequently required
 - D. Diet and medication regimens can restore pancreatic function
12. Which condition, that often has accompanying chest discomfort, should the healthcare provider consider to generally be an emergent, life threatening illness?
- A. Acute coronary syndrome
 - B. Herpes zoster
 - C. Pneumonitis
 - D. Pleurisy
13. The most appropriate time to obtain a 12-Lead ECG on all chest discomfort patients is:
- A. While enroute to the receiving facility
 - B. Upon arrival at the receiving facility
 - C. During cardiac arrest, after the first shock
 - D. Immediately before Nitroglycerin administration

14. Which can most likely cause an intracerebral hemorrhage?
- A. Marijuana
 - B. Alcohol intoxication
 - C. Second hand smoke
 - D. Cocaine drug abuse
15. Type I and Type II hyperglycemia will present with:
- A. Dehydration
 - B. Unconsciousness
 - C. Agitation
 - D. Heart attack
16. What condition is most likely to cause respiratory depression?
- A. Anxiety/panic attack
 - B. Narcotic overdose
 - C. Aspirin ingestion
 - D. Diabetic ketoacidosis
17. What is the most effective treatment for an unconscious patient in respiratory failure?
- A. Assisted bag-mask ventilation
 - B. Oral glucose administration
 - C. Low flow oxygen
 - D. Semi-Fowler's positioning
18. Your patient presents with a burning sensation in mid-chest that worsens after meals. He presents with blood-tinged emesis and denies difficulty breathing. His doctor advised him to avoid aspirin, caffeine and alcohol. The healthcare provider should suspect:
- A. Pulmonary embolism
 - B. Appendicitis
 - C. Peptic Ulcer Disease
 - D. Pancreatitis
19. A 79 year old female patient presents with nausea, vomiting and abdominal distention. She complains of generalized, intermittent and cramping abdominal pain. She states she has been constipated for 7 days. The healthcare provider should suspect:
- A. Intestinal obstruction
 - B. Appendicitis
 - C. Cholecystitis
 - D. Pancreatitis
20. A 24 year old has completed a triathlon on a hot, dry day. The athlete complains of a severe headache, muscle cramps, and abdominal pain. The skin is hot and dry. The patient suddenly experiences seizure activity. The provider should suspect:
- A. Heat cramps
 - B. Heat stroke
 - C. Heat exhaustion
 - D. Ectopic pregnancy

21. A 72 year old male has been found at home after several days of sub-zero temperatures. He is confused with a respiratory and pulse rate that are abnormally slow. The healthcare provider should suspect:
- A. Chilblains
 - B. Moderate hypothermia
 - C. Mild hypothermia
 - D. Severe hypothermia
22. In addition to maintaining the A,B,C's, and passive warming, the most appropriate BLS treatment for a patient experiencing moderate hypothermia is:
- A. Minimize patient movement
 - B. Administer coffee or tea to drink t
 - C. Encourage the patient to ambulate
 - D. Apply cold packs to maintain the low temperature
23. A 23 year old male complains of a productive cough, fever, chills and chest tightness that has worsened over 3 days. A physical exam reveals wheezing with shallow respirations. Vitals are P 128, R 26, BP 144/88 and SpO2 90% and T 102°F (38.8°C). What treatment should be performed?
- A. Apply the AED
 - B. Oral Glucose
 - C. Trendelenburg positioning
 - D. Supplemental oxygen
24. The healthcare provider assesses a patient who presents with pallor, hypotension, tachycardia and severe abdominal pain. If the provider suspects a perforated peptic ulcer, palpation of the abdomen would reveal:
- A. No increase in pain
 - B. Rebound tenderness
 - C. Soft and non-tender
 - D. Rigid and board-like
25. An alert patient presents with hypotension, 2 second capillary refill and warm, dry skin. These are cardinal signs of which type of distributive shock?
- A. Anaphylactic
 - B. Neurogenic
 - C. Septic
 - D. Hypovolemic
26. During what period of the communicable disease process will antibodies begin to reach detectable levels and the infected blood will test positive for exposure to a pathogen?
- A. Communicability
 - B. Incubation
 - C. Disease
 - D. Latent

27. The patient presents with a history of a headache, weight loss, chest discomfort, night sweats and persistent cough for several weeks. Which infectious disease is most likely occurring?
- A. Novel H1N1 influenza
 - B. Meningitis
 - C. Tuberculosis
 - D. Malaria
28. A mnemonic that can be used to determine underlying organophosphate poisoning is:
- A. CPR
 - B. DUMBELS
 - C. SNOT
 - D. MUDPILES
29. Organophosphate poisoning will present with which signs and symptoms?
- A. Dry mucous membranes
 - B. Flushed skin
 - C. Tachycardia
 - D. Salivation
30. Most toxin induced seizures are classified as:
- A. Tonic-clonic
 - B. Petit mal
 - C. Partial
 - D. Tremors
31. A patient presents with decreased mental status, slow respirations hypotension and a blood sugar of 42 mg/dl (2.3 mmol/L) resulting from ingesting too much of their hypertensive medication. Immediate treatment would include:
- A. Semi-fowlers positioning
 - B. Obtaining a detailed physical exam
 - C. Administration high flow oxygen
 - D. Activated glucose
32. The patient complains of a deep burning discomfort in the epigastrium. This is an example of which type of pain?
- A. Somatic
 - B. Visceral
 - C. Referred
 - D. Radiating
33. A 24 year old female presents with lower right quadrant abdominal pain. Her skin is hot to the touch. She complains of nausea and vomiting for 2 days. What diagnosis is suspected?
- A. Pancreatitis
 - B. Appendicitis
 - C. Gastroesophageal reflux disease (GERD)
 - D. Ectopic pregnancy

34. A known chronic alcoholic complains of the constant, severe mid-epigastric pain, nausea and blood streaked emesis. The patient has temperature of 101.9°F (38.8°C) and severe abdominal tenderness. What underlying diagnosis should be suspected?
- A. Gastritis
 - B. Pancreatitis
 - C. Diverticulitis
 - D. Perforated gastric ulcer
35. What component of a patient's past medical history is MOST helpful in considering myocardial infarction as a working diagnosis?
- A. Daily intake of an aspirin
 - B. History of CHF
 - C. Recent hip surgery
 - D. Familial heart disease history
36. When assessing a patient with suspected Acute Coronary Syndrome related to left heart failure, the provider would most likely auscultate which type of lung sounds?
- A. Rhonchi
 - B. Wheezing
 - C. Clear
 - D. Rales
37. Healthcare providers are managing a patient presenting with substernal chest discomfort. They describe the pain as "pressure-like". The pain radiates to the jaw and left arm. The discomfort subsides with rest, oxygen and administration of nitroglycerin. What is the most likely working diagnosis?
- A. Cardiac tamponade
 - B. Angina pectoris
 - C. Myocardial infarction
 - D. Pulmonary embolism
38. Prehospital treatment for patients encountered who have acquired a respiratory virus would include:
- A. Antibiotics
 - B. Standard Precautions
 - C. Administration of sedatives
 - D. Administration of glucose
39. Which best practices help to prevent the spread of disease?
- A. Alcohol based antimicrobial equipment cleaning and handwashing
 - B. Goggles, gown and gloves for all patient contact
 - C. Facial protection and gloves for all patient contact
 - D. Handwashing before and after all patient contact and standard precautions.

40. Continuous positive airway pressure (CPAP) would be most appropriate in treating which female patient presentation?
- A. Decreased level of consciousness
 - B. CHF with pulmonary edema
 - C. Respirations of 40 and clear lungs
 - D. Jugular vein distention and BP 90/60
41. A life-threatening symptom of toxic ethylene glycol ingestion is:
- A. CNS stimulation
 - B. CNS depression
 - C. Ataxic gait
 - D. vomiting
42. The most common form of Graves autoimmune disease is:
- A. Excessive insulin production
 - B. Hypothyroidism
 - C. Hyperthyroidism
 - D. Diabetes
43. A patient experiences unilateral facial weakness, garbled speech, altered sense of taste and no extremity weakness. Which underlying condition is most likely determined?
- A. Diabetic ketoacidosis
 - B. Bell's Palsy
 - C. Tonic-clonic seizure
 - D. Migraine
44. Which component of the history is most crucial when assessing a potential stroke patient?
- A. Time of onset
 - B. Last oral intake
 - C. Medication allergies
 - D. Patient's age
45. The determination of a working diagnosis is dependent on the provider's assessment and _____ skills.
- A. Critical thinking
 - B. Written documentation
 - C. Radio communication
 - D. Treatment interventions
46. When performing a patient assessment, what information provides the most essential information in determining the patient's diagnosis?
- A. Obtaining vital signs
 - B. Performing a complete head-to-toe physical exam
 - C. Obtaining information from bystanders
 - D. Obtaining medical history information

47. Clinical reasoning requires the healthcare provider to:
- A. Communicate to peers
 - B. Obtain vital signs
 - C. Perform a physical assessment
 - D. Process relevant information and filter out irrelevant information
48. According to the AMLS Assessment Pathway, determining whether a patient is “Sick or Not Sick” is initially done in which component of the assessment process?
- A. Detailed assessment
 - B. First impression
 - C. Initial observation
 - D. Ongoing management
49. Select an example of a communication barrier that impairs an efficient and thorough assessment process.
- A. The patient speaks clearly, but is shy
 - B. The patient’s family is present in the home
 - C. You and your patient communicate fluently in the Spanish language
 - D. The patient cannot find their hearing aid
50. Healthcare providers are treating an unresponsive patient who is known to have overdosed on a sedative. What intervention should be initiated?
- A. Airway support
 - B. Administration of dextrose
 - C. Gather a SAMPLER history
 - D. Supplemental oxygen with a nasal cannula