1. Which of the following findings is an objective finding made during a patient assessment?

1. Patient’s complaint of nausea
2. Blood pressure of 114/68 mmHg
3. Patient’s rating of pain as 10 out of 10
4. Patient’s complaint of headache for the past 12 hours

Answer: b

Objective: 8-3

Reference: 283

2. A nauseated patient’s report of abdominal pain should be documented:

1. as a treatment finding.
2. as a subjective finding.
3. as an objective finding.
4. This information need not be documented.

Answer: b

Objective: 8-3

Reference: 283

3. A patient tells you that he has been feeling “very weak” for the past three days. In regards to the SOAP charting format, this information would be included under what heading?

1. S
2. O
3. A
4. P

Answer: a

Objective: 8-3

Reference: 277

4. You have placed a 67-year-old female patient on high-concentration oxygen via nonrebreather face mask. Following the acronym CHEATED where is it appropriate to document the information concerning the oxygen administration?

1. A
2. H
3. T
4. C

Answer: c

Objective: 8-3

Reference: 278

5. When asked, an alert and oriented 44-year-old man with a history of high blood pressure reports that he called for help because “my chest is hurting.” He is diaphoretic and nauseated, has a pulse of 88 and a BP of 156/92, and says that his pain “feels just like my heart attack two years ago.” Based on this information, how would you document his chief complaint on the patient care report?

1. “My chest is hurting.”
2. Possible heart attack
3. Myocardial infarction
4. Chest pain with hypertension

Answer: a

Objective: 8-4

Reference: 277

6. An intoxicated patient will not leave the oxygen mask on. You are aware that the acronym FACTUAL-OEC outlines the characteristics of good report writing. Based on these guidelines how would this best be documented on the prehospital care report (PCR)?

1. The patient is intoxicated and will not cooperate with oxygen therapy.
2. The patient continually removes the oxygen mask despite continued reapplication.
3. The patient will not cooperate with care provided by the ski patrol.
4. The patient appears to be in a drunk-like state and will not cooperate with care provided by the ski patrol.

Answer: b

Objective: 8-4

Reference: 278

7. A patient states that he has had a headache located in his forehead for three days. Utilizing the SOAP format you would document this piece of information as a(n):

1. subjective finding.
2. pertinent negative.
3. objective finding.
4. provoking factor.

Answer: a

Objective: 8-3

Reference: 277

8. When writing a prehospital care report, you accidentally document a laceration as being on the left side of a patient’s face when it was actually on the right side of the face. In addition to putting your initials and current date/time next to your correction, you would change your documentation in which of the following ways?

1. Color over the word “left” with black ink and write the word “right” next to it.
2. Write the word “error” through the word “left” and then write the word “right” next to it.
3. Use correction fluid to cover the word “left” and write the word “right” next to it.
4. Draw a single line through the word “left” and write the word “right” next to it.

Answer: d

Objective: 8-5

Reference: 279

9. Two days after a call, you realize that you forgot to document that you checked a patient’s pupils before the patient refused further treatment and signed a refusal form. Which of the following actions is your best course of action?

1. Complete a new refusal form and include the additional information.
2. Add an addendum to the report that contains the correct information, the current date, and your signature.
3. Report the error to your patrol director and have him/her take care of it.
4. Don’t worry about it because it did not seem to matter to the patient.

Answer: b

Objective: 8-5

Reference: 279

10. For which of the following patients must you provide care even if the patient refuses it?

1. A 23-year-old female with an obvious injury who lives with her parents and her one-year-old daughter
2. An alert and oriented 57 year old who is having chest pain and is diaphoretic
3. A six year old with a bleeding head laceration, whose parent will not allow care
4. A 29-year-old female who fell and cannot tell you what day it is

Answer: d

Objective: Supplemental

Reference: 284

11. You are alone responding to an alert and oriented male with chest discomfort who refuses treatment. He is angry with his family for calling for help and will not sign the refusal form despite several requests. In addition to documenting that the patient understands and accepts the risks of refusing care, you would:

1. contact the police to place the patient into protective custody.
2. have a family member sign as a witness to the man’s refusal.
3. carefully restrain the man and transport him to the aid room.
4. call for an ALS ambulance and have the paramedics treat the patient.

Answer: b

Objective: 8-6

Reference: 284

12. When getting a refusal from a patient who does not want treatment, it is *critical* that you do which of the following things?

1. Ensure that the patient understands the risks of refusing care.
2. Make sure the patient has someone who can provide transportation to the hospital.
3. Have the patient sign and date the refusal form.
4. Have the patient promise to get care if the symptoms get worse.

Answer: a

Objective: 8-6

Reference: 284

13. Which of the following statements about prehospital care reports is accurate?

1. They may become part of the patient’s permanent medical record.
2. They are forms published by the NSAA or the ski area’s insurance company.
3. National standards allow up to three days after the accident for the forms to be fully completed.
4. You should only document the care provided to the patient but not scene information, because the latter can be confusing.

Answer: a

Objective: Supplemental

Reference: 273

14. The goal of effective communication is to:

1. give as much information as possible in less than three minutes.
2. deliver information in a manner that is understood by the recipient.
3. speak clearly and more slowly than normal so that you are easier to understand.
4. use medical terminology as much as possible.

Answer: b

Objective: Supplemental

Reference: 267

15. Written medical communications are generally used for all of the following *except:*

1. for quality-improvement activities.
2. to transmit information to the provider who is taking over care of a patient.
3. when giving press releases about mountain accidents.
4. for describing ways to improve the safety of outdoor activities.

Answer: c

Objective: Supplemental

Reference: 271

16: Communication is defined as the process by which:

1. a message is transmitted from a sender to a receiver.
2. information is documented on a patient accident report.
3. verbal and nonverbal actions deliver information to another person.
4. a message is encoded from the sender to the receiver.

Answer: a

Objective: Supplemental

Reference: 267

17. The three forms of communication are:

1. speaking, hand gestures, and facial expressions.
2. written, verbal, and listening.
3. oral, nonverbal, and written.
4. written, listening, and hand gestures.

Answer: c

Objective: Supplemental

Reference: 267

18. Medical responders need to be proficient in which two types of medical communication?

1. Medical terminology and radio transmissions
2. Verbal communication and medical terminology
3. Written documentation and radio transmissions
4. Written documentation and oral communication

Answer: d

Objective: 8-1

Reference: 267

19. You are the lead responder at a serious accident. After the accident you can provide patient care information to all of the following except:

1. a reporter who is writing a news story.
2. the EMT to whom you transfer patient care.
3. your patrol director, who is reviewing the PCR with you.
4. your medical director, who is providing you stress debriefing.

Answer: a

Objective: Supplemental

Reference: 268

20. After your initial evaluation of the patient you would communicate by radio with patrol base. Following the acronym SAILER, what information would you include?

1. Surname, age, address, chief complaint
2. Sex, age, chief complaint, splints needed
3. Age, next of kin, treatment initiated, request for EMS (if needed)
4. Surname, location of accident, age, insurance company

Answer: b

Objective: 8-2

Reference: 269

21. The three types of written medical communication OEC Technicians may encounter are:

1. field care notes, patient care reports, and incident report forms.
2. patient care notes, accident reports, and rescue reports.
3. accident reports, witness reports, and field notes.
4. incident reports, rescue reports, and patient care notes.

Answer: a

Objective: Supplemental

Reference: 271

22. In the CHEATED acronym, the letter T stands for:

1. time.
2. technique.
3. testament.
4. treatment.

Answer: d

Objective: 8-3

Reference: 278

23. You are completing your patient care report and are using the acronym CHEATED to guide you. In this acronym, the letter A indicates:

1. age.
2. address.
3. assessment.
4. actions taken.

Answer: c

Objective: 8-3

Reference: 278

24. The characteristics of good report writing can easily be remembered by using mnemonic FACTUAL-OEC. Some of these acronym letters stand for:

1. facts, terms, unbiased, and legible.
2. focused, age, concurrent, and unusual events.
3. clinical picture, timeline, and assessment.
4. actions taken, clinical picture, and timeline.

Answer: a

Objective: 8-4

Reference: 278–279

25. The acronym FACTUAL-OEC helps OEC Technicians remember that good report writing should include which of the following groups of characteristics?

1. Factual information, local patrol terminology, unbiased information
2. Complete details, your determination of cause of accident, written legibly
3. Abnormal findings written in red, complete and accurate details, accepted medical terms
4. Accurate information, complete details, written in black or blue ink

Answer: d

Objective: 8-4

Reference: 278–279

26. In the acronym FACTUAL-OEC, the letters OEC stand for:

1. organized, effective, and complete.
2. objective, effective, and care given.
3. organized, error free, and checked.
4. outdoor emergency care.

Answer: c

Objective: 8-4

Reference: 278–279

27. When patients refuse care, the most important thing to document is:

1. their condition when you last saw them.
2. whether they were accompanied by anyone when you left them.
3. the names of witnesses to what you said to them.
4. that the patients understood and accepted the risks of refusal.

Answer: d

Objective: 8-6

Reference: 284–286

28. An individual who is required to report cases of child abuse to the appropriate state agency is called a(n):

1. mandated reporter.
2. child guardian.
3. required abuse reporter.
4. emergency protector.

Answer: a

Objective: 8-7

Reference: 286

29. Among the injuries or crimes that must be reported to an appropriate state agency are:

1. abuse, gunshot wounds, and alcohol abuse.
2. stab wounds, accidents involving snow guns, and communicable diseases.
3. animal bites, physical assaults, and child abuse.
4. incidents involving alcohol, domestic violence, and stab wounds.

Answer: c

Objective: 8-7

Reference: 286

30. Which of the following pairs are the best examples of the two main types of communication at which OEC Technicians must be proficient?

1. Radio communication and telephone communication
2. Written communication and nonverbal communication
3. Face-to-face communication and radio communication
4. Radio communication and written communication

Answer: d

Objective: 8-1

Reference: 268-271

31. In the acronym SAILER, the letter S stands for:

1. symptoms.
2. sex.
3. subjective.
4. splint.

Answer: b

Objective: 8-2

Reference: 269

32. You are caring for a patient that you realize will require ALS transport to the hospital. In the acronym SAILER, the letter that will assist you to remember to transmit this information during your radio call is:

1. S.
2. I.
3. E.
4. R.

Answer: d

Objective: 8-2

Reference: 269