

## VERSION 11

### CHAPTER 2

39. What are the five level system of triage?
- a. Level 1: Resuscitation
  - b. Level 2: Emergent
  - c. Level 3: Urgent
  - d. Level 4: Less urgent
  - e. Level 5: Nonurgent
40. Resuscitation requires what?
- a. Immediate treatment to prevent death

41. What is required for nonurgent triage (level 5)?
- Non life threatening condition requiring simple evaluation and care management
42. What is the standard precaution for primary survey during triage?
- Gloves
  - Gowns
  - Eye protection
  - Face masks
  - Shoe covers
  - ABCDE → guides the primary survey
43. What is the ABCDE principle?
- Airway/Cervical Spine → brain injury/death = 3-5 min. if airway not patent.
  - Breathing → assess presence & effectiveness of breathing.
  - Circulation
  - Disability
  - Exposure
44. How to implement airway for patients who is unresponsive without suspicious of trauma?
- Airway opened → head tilt, chin lift maneuver
45. How to implement airway for patients who is unresponsive WITH suspicious trauma?
- Airway opened → modified jaw thrust maneuver
46. How is the modified jaw thrust maneuver performed?
- Nurse place both hands on either side of the client's head. Locate the connection between maxilla and mandible. Lift the jaw superiorly while maintaining alignment of the cervical spine.
47. During triage, what mask is given to patient who are spontaneously breathing?
- Non-breather mask with 100% O<sub>2</sub> source
48. What does the breathing assessment include?
- Auscultation of breath sounds
  - Observation of chest expansion and respiratory effort
  - Notation of rate and depth of respiration
  - Identification of chest trauma
  - Assessment of tracheal position
  - Assessment of JVD
49. How to assess for circulation?
- Nurse assess HR, BP, peripheral pulses, and capillary refill for adequate perfusion.
50. What are the precursor to shock that nurses need to be aware of?
- Cardiac arrest
  - Myocardial dysfunction
  - Hemorrhage
51. What are some interventions that is geared toward restoring effective circulation?
- CPR
  - Assess for external bleeding.
  - Hemorrhage control
  - Obtain IV access using large-bore IV catheters inserted into the antecubital fossa of both arms, unless there is obvious injury to the extremity.

- e. Infuse isotonic IV fluids such as Lactated Ringer's & 0.9% NaCl &/or Blood products.

52. What is shock?

- a. Body response to inadequate tissue perfusion and oxygenation. It manifests with an increase HR, hypotension and result in tissue ischemia and necrosis.

53. What are some intervention that can alleviate shock?

- a. Administer oxygen
- b. Apply pressure to obvious bleeding
- c. Elevate lower extremities to shunt blood to vital organs
- d. Administer IV fluids and blood products
- e. Monitor VS
- f. Remain with client and provide reassurance and support for anxiety.

54. What is the D portion of the ABCDE protocol during triage?

- a. Disability → quick assessment to determine clients LOC
- b. Ex: AVPU (Alert, Response to Voice, Responsive to pain, Unresponsive), GCS

55. What is the E portion of the ABCDE protocol during triage?

- a. Exposure

56. What is the primary concern during the exposure phase during triage?

- a. Hypothermia → pt. core temperature 35 degree Celsius (95-degree F.) or less.
  - i. Why hypothermia for trauma patients? Exposure, un-warmed oxygen, cold IV fluids

57. What can hypothermia eventually lead to?

- a. Coma, hypoxemia, and acidosis

58. What is a contraindication in the first 6-8 hours after the bite (poisoning)?

- a. Ice
- b. Tourniquets
- c. Heparin
- d. Corticosteroids

59. Antivenom is effective when?

- a. Within 4-12 hour and is based on type and severity of a snake bite

60. What is considered cardiac emergency?

- a. Cardiac arrest
- b. V. Fib
- c. Pulseless V. tach.
- d. V. Asystole
- e. Pulseless electrical activity (PEA)

61. What is a cardiac arrest?

- a. Sudden cessation of cardiac function causes most commonly by V. fib. or V. sys.

62. What is Ventricular fibrillation?

- a. Fluttering of the ventricles causing LOC, pulselessness, no breathing. Requires collaborative care to defibrillate immediately using ACLS protocol.

63. What is pulseless V. tach.?

- a. Irritable firing of ectopic ventricular beats at a rate of 140 to 180/min.
- b. Pt. overtime become unconscious and deteriorate into V. fib.

64. What is v. asystole?

- a. Complete absence of electrical activity and ventricular mvmt of heart.
- b. Pt. complete cardiac arrest → requires implementation of BLS/ACLS protocol.

65. What is pulseless electrical activity (PEA)?

- a. Rhythm appears to have electrical activity but is not sufficient to stimulate effective cardiac contractions and requires implementation of BLS/ACLS protocol

66. What are the most common causes of pulseless electrical activity?

5 H's:

6. Hypovolemia
7. Hypoxia
8. H<sup>+</sup> ion accumulation → acidosis
9. Hyperkalemia/hypokalemia
10. Hypothermia

5 T's:

6. Toxins
7. Tamponade
8. Tension pneumothorax
9. Thrombosis (coronary)
10. Thrombosis (pulmonary)

67. What is an Alpha-1 Receptor site?

- a. Activation of receptors in the arterioles of skin, viscera, mucous membranes, veins → vasoconstriction

68. What is Beta-1 Receptor site?

- a. Heart stimulation leads to increased HR, increased myocardial contractility, increased rate of conduction through the AV node
- b. Activation of receptors in the kidney → release of renin

69. What is a Beta-2 receptor site?

- a. Bronchial stimulation → bronchodilation
- b. Activation of receptors in uterine smooth muscle → relaxation
- c. Activation of receptors in the liver → breakdown of glycogen into glucose
- d. Skeletal muscle receptor activation → muscle contraction → tremors

70. What is a dopamine receptor site?

- a. Activation of receptors in the kidney → renal blood vessels to dilate.

71. What is the AHA ACLS protocol for VF or pulseless VT?

- a. Initiate CPR BLS
- b. Defibrillate
- c. IV access

- d. Administer IV → antidysrhythmic medication → epi. & vasopressin
- e. Amiodarone HCL
- f. Lidocaine HCL
- g. Magnesium Sulfate

72. What is the AHA ACLS protocol for pulseless electrical activity (PEA)?

- a. Initiate CPR
- b. IF shockable rhythm, defibrillate
- c. IV access
- d. Consider most common cause
- e. Administer epi. 1 mg IVP q3-5 min.

73. What is the AHA ACLS protocol for Asystole?

- a. Initiate CPR
- b. IV access
- c. Give epi. 1mg IVP q3-4 min.
- d. Consider reversible causes

74. What is the post-resuscitation medication therapy following a successful cardiac arrest?

- a. IV meds → catecholamine adrenergic effect (can't be taken by the oral route, do not cross the BBB, short duration of action) → Epi., Dopamine, Dobutamine

75. What is the contraindication/precaution for catecholamine?

- a. Pregnancy Risk Category C
- b. Tachydysrhythmias
- c. Ventricular fibrillation
- d. Hyperthyroidism
- e. Angina
- f. Hx MI
- g. HTN
- h. DM

76. How to treat extravasation with a local injection?

- a. Alpha-adrenergic blocking agent → Phentolamine