Congratulations to our PEDReady Quiz winner!

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Florida PEDReady Quiz #1 Answers and Resources (11/14/2019)

1. You are transporting a mother in labor who delivers a baby enroute to the ED. The newborn has blue palms and soles, HR=90, grimaces with stimulation, is limp and has gasping respirations after bulb suctioning the nose and mouth. What is the APGAR score?

   a. 3 (possibly 4 depending on score for respirations)
   b. 6
   c. 10
   d. 8

   **The APGAR Score**

<table>
<thead>
<tr>
<th>Sign</th>
<th>0 Points</th>
<th>1 Points</th>
<th>2 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>blue or pale</td>
<td>blue extremities pink body</td>
<td>body &amp; extremities pink, no cyanosis</td>
</tr>
<tr>
<td>P</td>
<td>absent</td>
<td>&lt;100 beats per minute</td>
<td>&gt;100 beats per minute</td>
</tr>
<tr>
<td>G</td>
<td>no response to stimulation, floppy</td>
<td>grimace on suction or aggressive stimulation</td>
<td>cry on stimulation</td>
</tr>
<tr>
<td>A</td>
<td>none</td>
<td>some flexion of arms and legs</td>
<td>active flexion against resistance</td>
</tr>
<tr>
<td>R</td>
<td>absent</td>
<td>weak, irregular and slow</td>
<td>strong crying</td>
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2. What pediatric injury is associated with a direct blow to the mid-abdomen, or after a handlebar injury from a bicycle?

   a. Rib fracture
   b. Duodenal hematoma
   c. No injury, children are tough
   d. Pelvic fracture
3. *Which specific fractures have a high probability of being caused by child abuse?*

a. Rib fractures and metaphyseal chip (bucket handle) fractures

   *Especially posterior rib fractures*

b. Fractures of the wrist

c. Finger fractures

d. Child abuse rarely presents with fractures

4. *Children may be disproportionately affected by both chemical & biological agents for which of the following reasons?*

a. Baseline increased respiratory rate makes them more susceptible to aerosolized agents

b. Thinner and more permeable skin

c. Developmental vulnerabilities that may hamper escape
5. You respond to a call for a 4-month-old infant with a history of poor feeding and lethargy for 24 hours. On exam the infant is barely responsive, temperature 99.5°F (37.5°C), HR = 260 or too fast to count, RR = 60 breaths/min, and BP = 60/30 mm Hg. Capillary refill is > 5 seconds. Based on the information available this patient’s condition is:

a. Ventricular tachycardia
b. Stable supraventricular tachycardia (SVT)

c. Unstable SVT and shock

The patient has tachycardia, hypotension, tachypnea and prolonged capillary refill
d. Dehydration

6. The ECG on the patient described in patient 5 is below. Select the best treatment option:

a. Placement of an intraosseous line and administration of adenosine at 0.2 mg/kg
b. Synchronized cardioversion with initial 0.5 J/kg

This is the best answer for unstable SVT in this scenario, especially in the field. If an IV or IO is already present and adenosine readily available, then adenosine would be a correct answer. The goal is not to delay treatment on a critically ill infant in a near arrest state.

c. Synchronized cardioversion with 2 J/kg
d. Attempt an IV and wait for the ED to treat
7. A 2-year-old is transported after a MVC as a trauma alert. Eyes open to pain only, screaming and inconsolable, localizes pain/withdraws to touch. What is the Pediatric Glasgow Coma Scale score?

a. 10 (E2+V3+M 4-5) Remember to use a pediatric GCS and keep in mind kids don’t always follow the chart! Their exam may change frequently.)

b. 15

c. 3

d. 14
8. You have successfully resuscitated a 4-year-old patient that was pulled from a swimming pool in respiratory arrest. The patient is intubated with good oxygen saturations and equal breath sounds. You are feeling ecstatic! During transport (EMS or on way to CT scan) the patient becomes difficult to ventilate and the oxygen saturation falls from 99% to 87%. What mnemonic assessment tool will help you troubleshoot the situation and stay calm?

a. AVPU

b. No tool needed, just yank the ETT out and bag

c. The submersion score

d. The DOPE mnemonic
9. A 3 day old has a blood pressure of 70/39. You should:

a. Start an IV immediately and give a fluid bolus

b. Give epinephrine

c. Call for air transport

d. Complete your assessment and review a pediatric BP reference chart or the PEDReady ABCs and More reference.

<table>
<thead>
<tr>
<th>Pediatric Blood Pressure</th>
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<tbody>
<tr>
<td><strong>Hypotension</strong> = &lt; 70 + (age in years x 2)</td>
</tr>
<tr>
<td>Normal BP Ranges</td>
</tr>
<tr>
<td>Systolic (mm Hg)</td>
</tr>
<tr>
<td>Diastolic (mm Hg)</td>
</tr>
<tr>
<td>Mean Arterial (mm Hg)</td>
</tr>
<tr>
<td>Birth (12hr-&lt;1000g)</td>
</tr>
<tr>
<td>Birth (12hr, 3kg)</td>
</tr>
<tr>
<td>Neonate (96hr)</td>
</tr>
<tr>
<td>Infant (1-12m)</td>
</tr>
<tr>
<td>Toddler (1-2yr)</td>
</tr>
<tr>
<td>Preschooler (3-5yr)</td>
</tr>
<tr>
<td>School-aged child (6-7yr)</td>
</tr>
<tr>
<td>Pre-adolescent (10-12yr)</td>
</tr>
<tr>
<td>Adolescent (13-15yr)</td>
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10. A 2-year-old has a prolonged febrile seizure. Lorazepam (or midazolam) is given in the field. The tonic-clonic jerking has stopped but the patient is lethargic, making sonorous sounds and the pulse oximeter is reading 90%. Next initial steps include all except the following:

a. Reposition airway and suction

b. Insert a nasopharyngeal airway

c. Apply a pediatric sized non-rebreather mask

d. Paralyze and intubate
A properly inserted NP airway gets that big floppy toddler tongue out of the way and stimulates the patient. If basic airway maneuvers and/or bagging for a few minutes does not improve the oxygenation, then proceed to prepare for advanced airway procedures.

11. An alert 9 month old presents with stridor at rest, retractions and a barking cough. Select the best initial treatment choice:

a. Start an IV and if unsuccessful place an IO
b. Albuterol nebulizer treatment
c. Begin racemic epinephrine and complete assessment
d. Tell the parents to put the child in a steamy shower

This patient is having stridor at rest. If oxygen saturations are good, it is best to keep the patient calm and not go straight to an IV. Steroids should also be given. Racemic or regular L epinephrine can be used for nebulization.

General Dosing:

L Epi 1:1000- 2.5 ml (2.5 mg) if < 10 kg and 5 ml if > 10 Kg

Racemic Epi- >10 kg give 0.5 ml in 3 ml NS; < 10 kg give 0.25 ml or 0.05 ml/kg

https://www.chop.edu/clinical-pathway/croup-emergent-evaluation-clinical-pathway


12. A 4-year-old sustains 15 % scald burns to her chest and abdomen. She is screaming in pain. All of the following are appropriate analgesic options except?

a. Fentanyl 1 mcg/kg IV
b. Fentanyl 2 mcg/kg IN
c. Ketamine 0.3 mg/kg IV
d. Midazolam 0.1 mg/kg IV

Fentanyl can be given intranasal (with atomizer) while attempting an IV in a screaming child in pain. Midazolam is a sedative agent and does not provide analgesia.

Questions, comments or suggestions? Email pedready@jax.ufl.edu