Florida PEDReady Quiz #1

Email your answers to pedready@jax.ufl.edu. The first person to respond and the first person to respond with all questions answered correctly win a special PEDReady prize! Quiz answers will be posted in next week’s PE²ARL.

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
   b. 6
   c. 10
   d. 8

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
   b. Fractures of an outstretched wrist
   c. Finger fractures
d. Child abuse rarely presents with fractures

4. In disaster settings, 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
d. None of the above
e. All of the above

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
d. Dehydration

6. The ECG on the patient described in question 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

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
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 ET tube 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.

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 88%. Next initial steps include all except the following:

a. Reposition airway and suction secretions
b. Insert a nasopharyngeal airway

c. Apply a pediatric sized non-rebreather mask

d. Paralyze and intubate

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

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