CCEMTP

Self Assessment Test #3

***This tool has been designed to encourage studying, verifying and being able to identify correct vs incorrect. Students should verify all answers with the student resource materials available from UMBC and other references. Discuss any questions with the individual instructors if you need clarification/further info.**

1. The earliest organized use of helicopters for medical evacuation is associated with:
A. Development of civilian EMS systems
B. Korean War
C. Organ transplant programs
D. Vietnam War

2. Which patient requires immediate definitive airway management?
A. Alert patient with mild dyspnea
B. GCS 8 with snoring respirations
C. Stable patient with chest pain
D. Patient with isolated extremity trauma

3. The most appropriate airway adjunct for an unconscious patient without a gag reflex is:
A. Nasopharyngeal airway
B. Oropharyngeal airway
C. Supraglottic airway
D. Endotracheal tube

4. Capnography is MOST useful for:
A. Measuring oxygenation
B. Monitoring ventilation and confirming tube placement
C. Detecting anemia
D. Measuring cardiac output

5. A sudden decrease in $ETCO_2$ during transport most likely indicates:
A. Improved ventilation
B. Decreased cardiac output
C. Increased metabolism
D. Hyperoxia

6. Which condition increases airway resistance?
A. Bronchodilation
B. Pulmonary embolism
C. Bronchospasm
D. Pleural effusion

7. Peak airway pressure is primarily influenced by:
A. Lung compliance only
B. Airway resistance and compliance
C. Cardiac output
D. Hemoglobin level

8. Plateau pressure reflects:
A. Airway resistance
B. Alveolar pressure
C. Oxygen saturation
D. Minute ventilation

9. Normal $ETCO_2$ values range from:
A. 20–30 mmHg
B. 25–35 mmHg
C. 35–45 mmHg
D. 45–55 mmHg

10. In ARDS, the most appropriate ventilator strategy is:
A. High tidal volumes
B. Low tidal volumes with PEEP
C. No PEEP
D. Rapid shallow breathing

11. Cardiac output is calculated as:
A. Stroke volume × heart rate
B. Blood pressure × pulse
C. Preload × afterload
D. Oxygen delivery

12. ST elevation on ECG typically indicates:
A. Ischemia
B. Infarction
C. Dysrhythmia
D. Electrolyte imbalance

13. First-line medication for symptomatic bradycardia is:
A. Epinephrine
B. Atropine
C. Amiodarone
D. Lidocaine

14. Ventricular fibrillation requires:
A. Synchronized cardioversion
B. Immediate defibrillation
C. Atropine
D. Pacing

15. Which medication is appropriate for stable wide-complex tachycardia?
A. Adenosine
B. Amiodarone
C. Atropine
D. Dopamine

16. Shock is best defined as:
A. Hypotension
B. Inadequate tissue perfusion
C. Tachycardia
D. Hypoxia

17. Septic shock is primarily caused by:
A. Blood loss
B. Infection leading to vasodilation
C. Cardiac failure
D. Trauma

18. Neurogenic shock is characterized by:
A. Tachycardia
B. Hypertension
C. Bradycardia and vasodilation
D. Increased preload

19. An early sign of hypovolemic shock is:
A. Bradycardia
B. Hypotension
C. Tachycardia
D. Cyanosis

20. Initial fluid resuscitation in shock typically involves:
A. D5W
B. Normal saline
C. Albumin
D. Whole blood

21. The most immediately life-threatening chest injury is:
A. Rib fracture
B. Tension pneumothorax
C. Pulmonary contusion
D. Hemothorax

22. Ejection from a vehicle indicates:
A. Low risk
B. Moderate risk
C. High mechanism of injury
D. No injury

23. Flail chest is defined as:
A. Single rib fracture
B. Two ribs fractured
C. Segment of chest wall moves independently
D. Lung collapse

24. The primary priority in trauma care is:
A. IV access
B. Airway
C. History
D. Documentation

25. Hypotension in trauma is most commonly due to:
A. Neurogenic shock
B. Hemorrhagic shock
C. Septic shock
D. Cardiogenic shock

26. Epinephrine acts on which receptors?
A. Alpha only
B. Beta only
C. Alpha and beta
D. Dopaminergic only

27. Morphine provides:
A. Sedation only
B. Analgesia
C. Paralysis
D. Vasoconstriction

28. Naloxone reverses:
A. Benzodiazepines
B. Opioids
C. Alcohol
D. Barbiturates

29. Dopamine primarily increases:
A. Heart rate and contractility
B. Sedation
C. Bronchoconstriction
D. Diuresis

30. Nitroglycerin works by:
A. Vasoconstriction
B. Vasodilation
C. Increasing preload
D. Increasing heart rate

31. The Glasgow Coma Scale evaluates:
A. Oxygenation
B. Neurologic status
C. Perfusion
D. Temperature

32. A GCS of 8 indicates:
A. Mild injury
B. Moderate injury
C. Severe injury
D. Normal

33. Increased intracranial pressure may present with:
A. Bradycardia
B. Hypotension
C. Tachycardia
D. Hypoxia only

34. Cushing's triad includes:
A. Bradycardia, hypertension, irregular respirations
B. Tachycardia and hypotension
C. Fever and tachycardia
D. None

35. First-line treatment for seizures is:
A. Atropine
B. Midazolam
C. Lidocaine
D. Epinephrine

36. COPD patients often rely on:
A. Hypercapnic drive
B. Hypoxic drive
C. Metabolic drive
D. Neural drive

37. Pulmonary edema is best identified by:
A. Clear lung sounds
B. Crackles and dyspnea
C. Wheezing only
D. Stridor

38. Decreased lung compliance is seen in:
A. Emphysema
B. ARDS
C. Asthma
D. Bronchitis

39. Initial management of pulmonary edema includes:
A. Fluids
B. Oxygen and positive pressure ventilation
C. Antibiotics
D. Immediate intubation

40. Respiratory failure is indicated by:
A. Normal ABG
B. Rising CO_2 and falling pH
C. Normal oxygenation
D. Mild dyspnea

41. Acute renal failure most commonly results in:
A. Hypokalemia
B. Hyperkalemia
C. Hypocalcemia
D. Hypoglycemia

42. Which ECG change is most consistent with hyperkalemia?
A. Flattened T waves
B. Peaked T waves
C. ST elevation
D. U waves

43. Dialysis is most urgently indicated for which condition?
A. Mild dehydration
B. Severe hyperkalemia
C. Controlled hypertension
D. Mild acidosis

44. The kidneys play a primary role in regulating:
A. Oxygen saturation
B. Acid-base balance and electrolytes
C. Heart rate
D. Neurologic status

45. Which condition is most likely to produce metabolic acidosis?
A. Vomiting
B. Renal failure
C. Hyperventilation
D. Antacid ingestion

46. Cardiogenic shock is most commonly caused by:
A. Hypovolemia
B. Myocardial pump failure
C. Vasodilation
D. Infection

47. A narrow complex tachycardia originates from:
A. Ventricles
B. Atria or AV node
C. Bundle branches
D. Purkinje fibers

48. First-line treatment for stable SVT includes:
A. Defibrillation
B. Vagal maneuvers and adenosine
C. Atropine
D. Epinephrine

49. Which condition decreases preload?
A. Fluid overload
B. Hemorrhage
C. CHF
D. Hypertension

50. Afterload is best defined as:
A. Volume entering the heart
B. Resistance the ventricle must overcome
C. Heart rate
D. Contractility

51. The most common preventable cause of death in trauma patients is:
A. Airway obstruction
B. Hemorrhage
C. Brain injury
D. Infection

52. Tension pneumothorax leads to:
A. Increased venous return
B. Decreased cardiac output
C. Hypertension
D. Increased preload

53. Which finding suggests internal bleeding?
A. Hypertension
B. Warm dry skin
C. Tachycardia with hypotension
D. Bradycardia

54. Spinal immobilization is indicated for:
A. Minor injury
B. High-risk mechanism or neurologic deficit
C. Stable patients only
D. All patients regardless of mechanism

55. The greatest concern with traumatic brain injury is:
A. Infection
B. Increased intracranial pressure
C. Dehydration
D. Hypoglycemia

56. Benzodiazepines are primarily used for:
A. Analgesia
B. Seizure control and sedation
C. Paralysis
D. Vasoconstriction

57. Fentanyl is classified as a:
A. Sedative-hypnotic
B. Opioid analgesic
C. Antihypertensive
D. Bronchodilator

58. Atropine produces which physiologic effect?
A. Decreased heart rate
B. Increased heart rate
C. Bronchoconstriction
D. Hypotension

59. Amiodarone is used to treat:
A. Bradycardia
B. Ventricular dysrhythmias
C. Hypoglycemia
D. Seizures

60. Calcium gluconate is most appropriate for:
A. Hypokalemia
B. Hyperkalemia with ECG changes
C. Hypoglycemia
D. Respiratory acidosis

61. Which symptom is most consistent with stroke?
A. Chest pain
B. Sudden unilateral weakness
C. Fever
D. Dyspnea

62. Ischemic stroke is caused by:
A. Vessel rupture
B. Thrombus or embolus
C. Infection
D. Trauma

63. Hemorrhagic stroke results from:
A. Clot formation
B. Vessel rupture
C. Hypoxia
D. Embolism

64. The FAST exam evaluates:
A. Fever
B. Arm weakness
C. Temperature
D. Oxygenation

65. The highest priority in suspected stroke is:
A. Pain control
B. Rapid transport to stroke center
C. Fluid bolus
D. Antibiotics

66. A key anatomical difference in pediatric airways is:
A. Larger airway diameter
B. More anterior and smaller airway
C. Less oxygen demand
D. Stronger airway muscles

67. Bradycardia in pediatric patients is usually caused by:
A. Primary cardiac disease
B. Hypoxia
C. Fever
D. Dehydration

68. Pediatric shock often presents with:
A. Early hypotension
B. Late hypotension
C. Bradycardia first
D. Hypertension

69. The most common cause of pediatric cardiac arrest is:
A. Cardiac disease
B. Respiratory failure
C. Trauma
D. Sepsis

70. The Broselow tape is used for:
A. ECG interpretation
B. Weight-based dosing and equipment sizing
C. Blood pressure measurement
D. Airway assessment only

71. A normal physiologic change in pregnancy is:
A. Decreased blood volume
B. Increased cardiac output
C. Decreased heart rate
D. Increased blood pressure

72. Placental abruption typically presents with:
A. Painless bleeding
B. Painful vaginal bleeding
C. No bleeding
D. Bradycardia

73. Placenta previa is characterized by:
A. Painful bleeding
B. Painless bleeding
C. No bleeding
D. Hypertension

74. Eclampsia is defined by:
A. Hypertension only
B. Seizures in pregnancy
C. Hypotension
D. Bradycardia

75. First-line treatment for eclampsia is:
A. Atropine
B. Magnesium sulfate
C. Epinephrine
D. Lidocaine

76. Burn severity is determined by:
A. Pain level
B. Depth and total body surface area
C. Color only
D. Location only

77. The Parkland formula is used to:
A. Calculate oxygen needs
B. Guide fluid resuscitation
C. Assess airway
D. Determine burn depth

78. Electrical burns pose a high risk for:
A. Infection
B. Cardiac dysrhythmias
C. Fever
D. Hypoglycemia

79. Full-thickness burns involve:
A. Epidermis only
B. Dermis only
C. All skin layers
D. Muscle only

80. Burn shock is primarily:
A. Cardiogenic
B. Hypovolemic
C. Septic
D. Neurogenic

81. Carbon monoxide poisoning primarily results in:
A. Decreased oxygen delivery due to hemoglobin binding
B. Increased oxygen saturation
C. Hyperventilation
D. Metabolic alkalosis

82. Cyanide poisoning causes hypoxia by:
A. Blocking oxygen transport
B. Preventing cellular oxygen utilization
C. Causing airway obstruction
D. Increasing CO_2 retention

83. A classic sign of opioid overdose is:
A. Dilated pupils
B. Pinpoint pupils
C. Tachycardia
D. Hypertension

84. Anticholinergic toxicity typically presents with:
A. Diaphoresis
B. Dry, flushed skin
C. Bradycardia
D. Increased secretions

85. Organophosphate poisoning is characterized by:
A. Dry mucous membranes
B. SLUDGE symptoms (salivation, lacrimation, urination, defecation, GI distress, emesis)
C. Tachycardia only
D. Hypertension

86. Critical care transport differs from standard EMS by:
A. Faster transport times only
B. Advanced monitoring and interventions
C. Less provider training
D. Limited protocols

87. Mechanical ventilation during transport requires:
A. Minimal monitoring
B. Continuous reassessment and adjustment
C. Oxygen only
D. No specialized training

88. Infusion pumps are used to:
A. Monitor vital signs
B. Deliver medications precisely
C. Maintain airway
D. Provide oxygen

89. A major risk during transport is:
A. Patient stability
B. Equipment failure
C. Improved outcomes
D. Decreased monitoring

90. Effective team communication during transport is:
A. Optional
B. Critical for patient safety
C. Minimal
D. Unnecessary

91. Hypoxia primarily affects which organ first?
A. Kidneys
B. Liver
C. Brain
D. Skin

92. Hyperventilation results in:
A. Respiratory acidosis
B. Respiratory alkalosis
C. Metabolic acidosis
D. Metabolic alkalosis

93. Hypoventilation leads to:
A. Respiratory alkalosis
B. Respiratory acidosis
C. Metabolic alkalosis
D. No change

94. Oxygen delivery depends on:
A. Respiratory rate only
B. Hemoglobin and cardiac output
C. Blood pressure only
D. Lung compliance

95. A key feature of ARDS is:
A. Hyperoxia
B. Refractory hypoxemia
C. Low CO_2
D. High compliance

96. The shock index is calculated as:
A. BP/HR
B. HR/SBP
C. MAP/HR
D. RR/HR

97. A MAP below which value indicates inadequate perfusion?
A. 50 mmHg
B. 60 mmHg
C. 65 mmHg
D. 80 mmHg

98. Elevated lactate levels indicate:
A. Adequate perfusion
B. Tissue hypoxia
C. Hyperglycemia
D. Renal function

99. Multi-organ dysfunction syndrome results from:
A. Infection only
B. Prolonged hypoperfusion
C. Trauma only
D. Hypertension

100. Distributive shock is characterized by:
A. Increased SVR
B. Decreased SVR
C. Increased preload
D. Bradycardia

101. Positive pressure ventilation can:
A. Increase preload
B. Decrease venous return
C. Increase cardiac output
D. Increase blood volume

102. High PEEP levels may result in:
A. Improved preload
B. Decreased cardiac output
C. Increased blood pressure
D. Hypervolemia

103. Right ventricular failure is most affected by:
A. Afterload
B. Preload
C. Contractility
D. Oxygenation

104. Pulmonary embolism increases:
A. Left ventricular preload
B. Right ventricular afterload
C. Cardiac output
D. Oxygen delivery

105. Cardiac tamponade results in:
A. Increased preload
B. Decreased cardiac output
C. Hypertension
D. Increased stroke volume

106. Vasopressors primarily:
A. Increase blood pressure
B. Decrease heart rate
C. Cause sedation
D. Reduce oxygen demand

107. Inotropic agents increase:
A. Heart rate only
B. Contractility
C. Blood volume
D. Oxygen saturation

108. Sedatives are used to:
A. Increase alertness
B. Decrease anxiety and agitation
C. Increase blood pressure
D. Improve oxygenation directly

109. Paralytics are used to:
A. Control pain
B. Facilitate intubation
C. Lower blood pressure
D. Increase ventilation effort

110. A major risk of sedation is:
A. Hypertension
B. Respiratory depression
C. Hyperactivity
D. Fever

111. The most critical factor during transport is:
A. Speed
B. Patient stability
C. Distance
D. Cost

112. Altitude changes during air transport can affect:
A. Oxygenation
B. Blood pressure only
C. Heart rate only
D. Temperature

113. Gas expansion at altitude affects:
A. IV fluids
B. Air-filled spaces
C. Blood cells
D. Electrolytes

114. The most common transport complication is:
A. Equipment failure
B. Cardiac arrest
C. Infection
D. Hypothermia

115. Continuous reassessment during transport is:
A. Optional
B. Essential
C. Rarely needed
D. Minimal

116. Tissue perfusion depends on:
A. Heart rate only
B. Cardiac output and vascular resistance
C. Blood pressure only
D. Oxygen saturation

117. Hypoxia leads to:
A. Increased ATP production
B. Cellular dysfunction
C. Improved metabolism
D. Increased oxygen delivery

118. Shock progression leads to:
A. Improved organ function
B. Organ failure
C. Increased perfusion
D. Stability

119. Early recognition of deterioration is:
A. Unnecessary
B. Critical to outcomes
C. Optional
D. Rare

120. The goal of critical care transport is:
A. Rapid movement only
B. Continuity of advanced care
C. Minimal intervention
D. Documentation only

121. A hypotensive trauma patient with tachycardia most likely has:
A. Cardiogenic shock
B. Hemorrhagic shock
C. Septic shock
D. Neurogenic shock

122. A patient with pinpoint pupils and respiratory depression likely has:
A. Stroke
B. Opioid overdose
C. Sepsis
D. Cardiac arrest

123. A patient with sudden unilateral weakness should be treated as:
A. MI
B. Stroke
C. Sepsis
D. Trauma

124. A patient with chest pain and ST elevation requires:
A. Oxygen only
B. Immediate reperfusion therapy
C. Fluids only
D. Antibiotics

125. A patient with severe dyspnea and crackles likely has:
A. Asthma
B. Pulmonary edema
C. Pneumothorax
D. Bronchitis

126. A pediatric patient with bradycardia should be treated by:
A. Atropine immediately
B. Oxygenation and ventilation
C. Defibrillation
D. Fluids only

127. A burn patient in the first 24 hours is most at risk for:
A. Infection
B. Hypovolemic shock
C. Hypertension
D. Fever

128. A patient with sepsis requires:
A. Delayed treatment
B. Early aggressive management
C. Minimal fluids
D. No antibiotics

129. A ventilated patient with rising CO_2 requires:
A. Decreased ventilation
B. Increased ventilation
C. No change
D. Sedation only

130. A patient deteriorating during transport requires:
A. Continue transport without changes
B. Immediate reassessment and intervention
C. Documentation only
D. Ignore changes

ANSWER KEY w brief rationale

1. B — Korean War
First large-scale organized helicopter MEDEVAC.

2. B — GCS 8 with snoring respirations
GCS ≤8 = cannot protect airway → **definitive airway needed**.

3. B — Oropharyngeal airway
Best for unconscious patients **without gag reflex**.

4. B — Ventilation + tube confirmation
Capnography = gold standard for **ETT confirmation + ventilation monitoring**.

5. B — Decreased cardiac output
$ETCO_2$ reflects perfusion → sudden drop = ↓ CO.

6. C — Bronchospasm
Increases airway resistance → ↑ peak pressures.

7. B — Resistance + compliance
Peak pressure reflects **both airway + lung factors**.

8. B — Alveolar pressure
Plateau = pressure in alveoli (compliance measure).

9. C — 35–45 mmHg
Normal $ETCO_2$ range.

10. B — Low TV + PEEP
ARDS = lung-protective strategy.

11. A — CO = SV × HR
Fundamental equation.

12. B — Infarction
ST elevation = **acute myocardial injury**.

13. B — Atropine
First-line for symptomatic bradycardia.

14. B — Defibrillation
V-fib = **unsynchronized shock**.

15. B — Amiodarone
Used for stable wide-complex tachycardia.

16. B — Inadequate perfusion
Shock = **cellular oxygen delivery failure**.

17. B — Infection → vasodilation
Septic shock = **distributive physiology**.

18. C — Bradycardia + vasodilation
Loss of sympathetic tone.

19. C — Tachycardia
Earliest compensatory sign.

20. B — Normal saline
First-line crystalloid.

21. B — Tension pneumothorax
Immediate life threat.

22. C — High mechanism
Ejection = severe force transfer.

23. C — Independent movement
Paradoxical chest wall motion.

24. B — Airway
Always first in **primary survey (ABCDE)**.

25. B — Hemorrhagic shock
Most common cause of trauma hypotension.

26. C — Alpha + beta
Epinephrine hits both receptor types.

27. B — Analgesia
Morphine = opioid pain control.

28. B — Opioids
Naloxone = opioid antagonist.

29. A — HR + contractility
Dopamine (moderate dose) supports CO.

30. B — Vasodilation
Nitro ↓ preload and afterload.

31. B — Neurologic status
GCS = LOC + neurologic function.

32. C — Severe injury
GCS ≤8.

33. A — Bradycardia
Part of **Cushing response**.

34. A — Cushing triad
Brady + HTN + irregular respirations.

35. B — Midazolam
First-line seizure control.

36. B — Hypoxic drive
COPD may rely on O_2 levels.

37. B — Crackles + dyspnea
Pulmonary edema classic finding.

38. B — ARDS
↓ compliance = stiff lungs.

39. B — O_2 + positive pressure
Improves oxygenation + reduces preload.

40. B — Rising CO_2 + acidosis
Hallmark of respiratory failure.

41. B — Hyperkalemia
Kidney failure → K^+ retention.

42. B — Peaked T waves
Classic ECG finding.

43. B — Severe hyperkalemia
Life-threatening → dialysis.

44. B — Acid-base regulation
Key kidney role.

45. B — Renal failure
Causes metabolic acidosis.

46. B — Pump failure
Core of cardiogenic shock.

47. B — Atria/AV node
Narrow complex origin.

48. B — Vagal + adenosine
First-line SVT treatment.

49. B — Hemorrhage
Reduces preload.

50. B — Resistance
Afterload definition.

51. B — Hemorrhage
Most preventable death cause.

52. B — ↓ cardiac output
Due to obstructive physiology.

53. C — Tachy + hypotension
Classic internal bleeding signs.

54. B — High-risk mechanism
Not for all patients.

55. B — ICP
Primary TBI concern.

56. B — Sedation + seizures
Benzos calm CNS.

57. B — Opioid
Fentanyl = analgesic.

58. B — ↑ HR
Atropine blocks vagal tone.

59. B — Ventricular dysrhythmias
Amiodarone role.

60. B — Hyperkalemia
Stabilizes cardiac membrane.

61. B — Weakness
Classic stroke sign.

62. B — Clot
Ischemic stroke cause.

63. B — Rupture
Hemorrhagic stroke.

64. B — Arm weakness
Part of FAST.

65. B — Rapid transport
Time = brain.

66. B — Smaller, anterior airway
More difficult airway.

67. B — Hypoxia
Most common cause of bradycardia.

68. B — Late hypotension
Kids compensate well.

69. B — Respiratory failure
Most common arrest cause.

70. B — Weight-based dosing
Broselow tape use.

71. B — ↑ cardiac output
Normal pregnancy change.

72. B — Painful bleeding
Abruption.

73. B — Painless bleeding
Previa.

74. B — Seizures
Eclampsia definition.

75. B — Magnesium sulfate
First-line treatment.

76. B — Depth + TBSA
Determines severity.

77. B — Fluid resuscitation
Parkland formula.

78. B — Dysrhythmias
Electrical injury risk.

79. C — All layers
Full-thickness burn.

80. B — Hypovolemic shock
Fluid loss drives early burn shock.

81. A — CO binds hemoglobin
Carbon monoxide forms **carboxyhemoglobin**, preventing oxygen delivery despite normal PaO_2.

82. B — Cellular utilization failure
Cyanide blocks the electron transport chain → oxygen is present but **cannot be used**.

83. B — Pinpoint pupils
Classic opioid toxidrome: **miosis + respiratory depression + AMS**.

84. B — Dry, flushed skin
Anticholinergic = "**hot, dry, blind, mad**" (dry skin, delirium, tachycardia).

85. B — SLUDGE
Organophosphates → cholinergic excess → **secretions everywhere**.

86. B — Advanced care
Key difference: **ICU-level interventions during transport**, not just movement.

87. B — Continuous reassessment
Ventilated patients can deteriorate quickly → constant monitoring required.

88. B — Controlled medication delivery
Infusion pumps ensure **precise titration** (critical for pressors/sedation).

89. B — Equipment failure
Most common issue in transport: **lines, batteries, monitors**.

90. B — Communication is critical
Breakdowns → errors. Communication = **safety tool**.

91. C — Brain first
Brain is most sensitive to hypoxia → early dysfunction.

92. B — Respiratory alkalosis
Hyperventilation ↓ CO_2 → ↑ pH.

93. B — Respiratory acidosis
Hypoventilation ↑ CO_2 → ↓ pH.

94. B — Hgb + CO
Oxygen delivery = **cardiac output × hemoglobin × saturation**.

95. B — Refractory hypoxemia
ARDS hallmark: oxygen **doesn't fix hypoxia easily**.

96. B — HR/SBP
Shock index rises early in hypovolemia.

97. C — MAP <65
Below this → **organ perfusion compromised**.

98. B — Tissue hypoxia
Lactate = marker of **anaerobic metabolism**.

99. B — Prolonged hypoperfusion
Leads to **multi-organ failure cascade**.

100. B — ↓ SVR
Distributive shock = **vasodilation (low SVR)**.

101. B — ↓ venous return
Positive pressure ↑ intrathoracic pressure → ↓ preload.

102. B — ↓ cardiac output
High PEEP worsens preload → ↓ CO.

103. A — Afterload sensitive
RV fails when pulmonary resistance increases.

104. B — ↑ RV afterload
PE blocks pulmonary flow → RV strain.

105. B — ↓ CO
Tamponade compresses heart → impaired filling.

106. A — Increase BP
Vasopressors = **vasoconstriction → ↑ MAP**.

107. B — Contractility
Inotropes strengthen cardiac pump.

108. B — Reduce agitation
Sedation improves tolerance, reduces oxygen demand indirectly.

109. B — Facilitate intubation
Paralytics remove airway resistance.

110. B — Respiratory depression
Major sedation risk → **loss of airway/drive**.

111. B — Stability
Transport ≠ speed. It's **safe continuation of care**.

112. A — Oxygenation affected
Altitude ↓ partial pressure of O_2.

113. B — Gas expands
Boyle's Law → air-filled spaces expand (ET tubes, pneumothorax).

114. A — Equipment failure
Most frequent real-world issue.

115. B — Continuous reassessment
Patients change rapidly → must reassess constantly.

116. B — CO + SVR
Perfusion = flow × resistance.

117. B — Cellular dysfunction
Hypoxia → failure of ATP → cell death.

118. B — Organ failure
Untreated shock progresses → MODS.

119. B — Early recognition critical
Early treatment drastically improves outcomes.

120. B — Continuity of care
Transport = **mobile ICU**, not just transfer.

121. B — Hemorrhagic shock
Trauma + hypotension = bleeding until proven otherwise.

122. B — Opioid overdose
Pinpoint pupils + respiratory depression.

123. B — Stroke
Time-sensitive neurologic emergency.

124. B — Reperfusion therapy
STEMI requires immediate intervention (PCI/thrombolytics).

125. B — Pulmonary edema
Crackles + dyspnea = fluid in alveoli.

126. B — Oxygenation/ventilation first
Peds bradycardia = hypoxia until proven otherwise.

127. B — Hypovolemic shock
Early burn phase = massive fluid loss.

128. B — Early aggressive care
Sepsis requires **early fluids + antibiotics**.

129. B — Increase ventilation
Rising CO_2 = inadequate ventilation.

130. B — Reassess + intervene
Deterioration = act immediately