I certify that I have watched the assigned medical command videos (Ground Command, Flight Command, and Case-based scenarios):

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| --- | --- |
| Resident physician name/ signature | Date of completion |
|  |  |

Post orientation assessment:

1. What statement best corresponds to the scope of practice of a basic life support (BLS) provider?   
   A) Oxygen therapy, selected auto injectors (epinephrine), fracture immobilization  
   B) Limited intravenous medications, oxygen therapy, sublingual nitroglycerin  
   C) 12 lead ECG interpretation, oxygen therapy, IV initiation   
   D) Endotracheal intubation, defibrillation, cardioversion
2. As of June 2018, how many helicopter bases are currently in service with the LifeFlight program?   
   A) 5  
   B) 4  
   C) 3  
   D) 6
3. What type of aircraft is operated by the LifeFlight program, and what is the effective range of the air medical transport program?   
   A) EC 135, EC 145, approximately 200 mile radius   
   B) EC 135, EC 145, approximately 150 mile radius  
   C) EC 155, approximately 200 mile radius  
   D) S-76, approximately 300 miles
4. The LifeFlight crew, operating under existing treatment protocols, can perform which of the following interventions without a physician’s order?   
   A) Blood and blood product therapy  
   B) Vasoactive infusions (epinephrine, norepinephrine)  
   C) Rapid sequence intubation, chest decompression  
   D) All of the above
5. Which of the following EMS certifications represents the highest level of education and training for the ground EMS provider?  
   A) Paramedic  
   B) Advanced EMT  
   C) EMT  
   D) Intermediate EMT
6. It is appropriate for the authorized ground command physician to advise an emergency medical technician-basic to perform a surgical cricothyroidotomy  
   A) True  
   B) False
7. Physicians credentialed to provide medical command advice must fulfill which of the following requirements:  
   A) Completion of first year of EM residency  
   B) Completion of state approved orientation course  
   C) Completion of facility-approved orientation course   
   D) All of the above
8. A qualified paramedic is on the scene of a trauma patient. The patient has extensive facial injuries and the paramedic is having difficulty achieving adequate bag valve mask ventilations. The paramedic has had previous training in rapid sequence intubation but is not approved by the EMS agency to perform that skill. Which of the following interventions represent appropriate advice from the medical command physician?   
   A) Administration of RSI medications  
   B) Surgical cricothyroidotomy (if appropriately trained and credentialed)  
   C) Insertion of 2 NPA airways and administration of supplemental benzodiazepine to facilitate jaw relaxation  
   D) B and C
9. Pittsburgh EMS represents what type of EMS agency ?  
   A) Fire based  
   B) Third service  
   C) Private EMS  
   D) Public utility model
10. Pittsburgh EMS is capable of providing which of the following first response/transport services?   
    A) Rescue  
    B) BLS transport  
    C) ALS transport  
    D) All of the above
11. Which of the following patient scenarios/presentations fulfills criteria for trauma center transport?   
    A) Paramedic judgement  
    B) Initial GCS of 14 following blunt trauma  
    C) Penetrating trauma to the torso   
    D) Two proximal long bone fractures  
    E) All of the above
12. LifeFlight helicopters are credentialed/equipped to operate in accordance with instrument flight rules (IFR).   
    A) True  
    B) False
13. DNR patients can be transported via LifeFlight provided that they require critical care intervention (blood administration, vasoactive medication).  
    A) True  
    B) False
14. Which of the following providers can answer the request for a flight command physician?   
    A) Credentialed senior resident  
    B) EM attending physician   
    C) On call EMS medical director  
    D) All of the above
15. Which of the following scenarios represents a patient not capable of making an informed refusal of EMS care?   
    A) A patient who has recently used heroin  
    B) A patient who admits to drinking “two beers”  
    C) A patient without intact decision making capacity  
    D) A patient who sustained blunt head trauma but is alert, oriented, and in no acute distress
16. You are receiving a patient from EMS who was intubated following cardiac arrest with return of spontaneous circulation. The patient is transferred over to the ED stretcher following a 30 second signout. The patient has stable vital signs but no end tidal waveform is present on the cardiac monitor. You perform direct laryngoscopy and find the tube lumen located in the esophagus. What is the most appropriate course of action to take with the EMS crew?   
    A) Do not inform the crew of the error and send an email to a prehospital coordinator  
    B) Address the incident with the crew   
    C) Address the incident with the crew and notify an EMS medical director as soon as possible  
    D) Send an email to the Bureau of EMS and to the EMS agency’s supervisor
17. Medical command is contacted by a ground EMS agency for assistance following a multiple-casualty incident. Three aircraft are enroute to the scene of an emergency. Several patients are injured following a post-crash explosion. Three “red-tagged” (immediate) priority patients are on scene awaiting transport. The EMS incident commander advises you that a recently extricated patient has a barely palpable blood pressure and a threatened airway. Air medical resources are 15 minutes from the scene. A community hospital (non trauma center) is another 10 minutes from the crash site. What would represent appropriate advice to the scene incident commander?   
    A) Wait until helicopter EMS arrives on-scene to make a more informed assessment about treatment and transport  
    B) Transport the critically injured patient to the closest hospital for immediate stabilization  
    C) Question the incident commander’s need for three aircraft   
    D) Encourage the incident commander to re-triage patients to make a physician-informed assessment about patient injury
18. Credentialed medical control physicians can encourage EMS providers to perform interventions outside of their accepted scope of practice  
    A) True  
    B) False
19. EMS providers call “ground command” for a patient they believe is experiencing a STEMI. The patient is stable except for ongoing chest discomfort rated at 3/10. EMS has an IV established, has administered aspirin, believes the patient would benefit from air medical transport to Pittsburgh. They are unable to transmit the ECG due to technical difficulties. A community hospital without PCI capability is 5 minutes away. What is the most appropriate course of intervention?  
    A) Recommend transport to the community hospital to verify the STEMI  
    B) Consider air medical transport to a STEMI/PCI center  
    C) Remain on scene and administer fentanyl to treat patient’s pain   
    D) Ask EMS providers to transmit an ECG picture via cellular phone
20. Which of the following are functions of an EMS system?   
    A) Disease surveillance   
    B) Interface with public health   
    C) Mobile integrated health initiatives / home visits / re-admission avoidance  
    D) Emergency treatment and transport at the scene of illness or injury  
    E) All of the above