

pronikání molekul rozpouštědla z méně koncentrovaného roztoku do roztoku koncentrovanějšího
outcome /'aʊt.kʌm/ výsledek, výsledek čeho, jak věc dopadne, závěr
palliative /'pæl.i.ə.tɪv/ paliativní, utišující, bolest zmírňující
peers /piərz/ vrstevníci
permissible /pə'mɪs.ə.bəl/ přípustný, dovolený
permit /pə'mɪt/ povolit, dovolit
pooling /pu:l.ɪŋ/ nahromadění krve nebo jiné tekutiny, nahromadění krve je následkem dilatace a zastavení oběhu v kapilárách a žilách v oblasti
possession /pə'zef.ən/ majetek, vlastnictví
posttraumatic /,pəʊst.trɔ:ɪ.mæt.ɪk/ posttraumatický, poúrazový
precede /pri'si:d/ předcházet časově
preserve /pri'zɜ:v/ zachovat, uchovat
rape /reɪp/ znásilnit, znásilnění
reasonable /'ri:zən.ə.bəl/ přijatelný, rozumný
refusal /rɪ'fju:zəl/ odmítnutí
regional /'ri:ɪ.dʒən.əl/ regionální, týkající se dané oblasti
right /raɪt/ právo
scope /skəʊp/ rozsah
solvent /'sɒl.vənt/ ředidlo, rozpouštědlo
spouse /spaʊs/ choť, manžel/ka
standing /stænd.ɪŋ/ **order** /'ɔ:də/ trvalý příkaz
statute /'stætju:t/ zákon, předpis
steady /'sted.i/ stálý
survivor /sə'vaɪ.vər/ přeživší, pozůstalý
take /teɪk/ **time** /taɪm/ trvat, věnovat čas
turn out /'tɜ:n.aʊt/ zahrnout ven, naruby, projevit se
upgrade /ʌp'greɪd/ zlepšit, stoupnout, zvýšení
valid /'vælɪd/ platný, oprávněný
vent /vent/ ventilovat, otvor, průduch

Volume 2

Unit 1

1

You are called for a 55-year-old man who "suddenly collapsed." He is _____

_____.

- Initial management of this patient's airway should include. – Insertion of an oropharyngeal airway and ventilation with bag-valve mask. *

An apnoeic and pulse less patient is unlikely to have an intact gag reflex, _____ an OPA to help control the _____. A BVM will need at least 10 Lpm of oxygen flow in order to adequately _____ the patient during ventilations.

oxygenate, apnoeic and pulse less, upper airway, necessitating

2

You respond to a college fraternity where you encounter a 19-year-old male with a partially obstructed airway. According to witnesses, he was eating pizza and drinking beer when he began to _____ his throat. The patient is able to speak in a _____ only, and he has been coughing repeatedly for about 20 minutes.

- What is the best treatment for this patient? – Remove the _____ with forceps.*

A conscious patient with a partial obstructed airway should be dealt with by _____ and continuous monitoring of patient status. Interventions like Heimlich manoeuvre are considered counterproductive, as they may actually _____ the obstruction.

To perform a needle cricothyrotomy, you should place the patient: supine with head and neck hyperextended.*

A _____ will place the anatomical structure.

hoarse whisper, hyperextended position, worsen, identified, obstruction, cough and grab, encouraging coughing

3
Your patient is a 26-year-old male with a midshaft _____ and no other apparent injuries. The patient is _____ and oriented, and all vital signs are normal. The best way to _____ this fracture is to use:

- the PASG/MAST
- a long spine board
- a traction splint. *
- a softly padded board

In a stable patient, the PASG is unnecessary. The long board will not adequately immobilize this injury because the muscles of the leg will _____ and _____ the leg. A padded board may not provide adequate traction to prevent muscle spasms either, so the _____ is the best choice.

shorten, immobilize, femur fracture, spasm, alert

4
A 16-year-old male complains of a fever, sore neck, nausea, vomiting, and headache. During transport, he begins to have a _____. Which of the following would be your most likely field impression?

- _____ abscess
- cerebral _____
- meningitis *
- sepsis

While the other answers are possible, based upon the fever, vomiting, and

headache complaints, this is most likely _____.

seizure, neoplasm, meningitis, Brain

5
Your patient is a 24-year-old female who shows signs and symptoms of pelvic _____.

- What is the goal of _____ for this patient? - Make the patient as comfortable as possible and transport to the hospital. *

The goal of prehospital care for patients with PID is to _____. There is no need to perform a _____ or ask any questions regarding sexual contacts.

provide comfort, inflammatory disease, vaginal exam, prehospital care

6
You respond to a 22-year-old male who is complaining of _____ of chest pain. The patient states that the pain _____ and sharp and that it started when he surfaced from a _____ from 60 feet (18.2 metres) down. The patient's diving partner states that the patient _____ too rapidly.

- What is this patient most likely suffering from? - Pulmonary embolism. * A too rapid ascent from a scuba dive may result in a pulmonary embolism due to lung _____.

• What does treatment for this patient consist of? - IV, high-flow oxygen, and rapid transport to a recompression chamber. *

An IV, 100% oxygen via a nonrebreather mask, and transport to a _____ are essential for this patient.

- Due to his rapid ascent, this patient may also be suffering from another diving related emergency: decompression sickness.*

Due to the _____ of the dive and the rapid ascent, this patient may also be suffering from _____.

- What is an additional possible problem associated with this injury? - Nitrogen bubbles entering tissue spaces and smaller blood vessels. *

scuba dive, rapid onset, is tearing, decompression sickness, cyanotic, depth, surfaced, overinflation, recompression chamber

7

Your patient is a 28-year-old diver who has been using scuba equipment. His diving partner states that he was unconscious when he surfaced after _____.

- You should suspect: air embolism. * _____ presents as _____ (including unconsciousness) during or after _____ from a dive, or as a sharp pain in the chest.

- Due to his rapid ascent, this patient may also be _____ another diving related emergency: decompression sickness. *

Due to the depth of the dive and the rapid ascent, this patient may also be suffering from decompression sickness.

- What is an additional possible problem associated with this injury? - Nitrogen bubbles entering _____ and smaller blood vessels.*

In this patient, nitrogen _____ may have entered tissue spaces and blood vessels.

a dive, tissue spaces, Air embolism, ascent, suffering from, gas bubbles, neurological deficit

8

- This statement about care of a near-drowning _____ is correct: The patient should be admitted to the hospital for observation.*

Due to the chance of post event pulmonary oedema, all _____ victims should be admitted to the hospital for _____.

victim, near-drowning, observation

9

Your patient is a 23-year-old man who complains of abdominal pain. The patient states that the pain began _____ and was originally located only in the area around the _____. Now, however, it has moved to the _____ quadrant. The patient also complains of nausea and vomiting, and he has a fever of 102 °F (38.8 °C). Examination displays rebound _____.

- What would you suspect? - Apendicitis. *

tenderness, right lower, suddenly, umbilicus

10

A patient suspected of having an _____ aortic aneurysm will receive oxygen, an IV, ECG monitoring, and rapid transport as part of his or her treatment.

- What else should you do when treating such a patient? _____ the PASG/MAST garment. *

Treat the patient for shock and transport

rapidly. Do not _____ the abdomen. This is one of the few medical conditions that may still benefit from the use of PASG/MAST as the garment may tamponade any _____ that may be occurring. _____ which stimulate the cardiovascular system should be avoided.

Medications, bleeding, palpate, Apply, abdominal

11

A 42-year-old male complains of sudden, intense pain that is centered in his _____. He is _____, _____, and diaphoretic, especially _____ the level of his umbilicus. He is tachycardic and hypotensive.

• What condition best describes the patient presentation? – Abdominal aortic aneurysm. *

The abdominal aorta is located in the _____-_____ space. A sudden _____ of pressure due to an aortic aneurysm will result in loss of perfusion below the site of injury.

lower back, below, pale, cool, retro-peritoneal, loss

12

You are called to the home of a 36-year-old man who is having a seizure. His wife reports that he has not taken his “_____” lately and that he has now had three seizures in a row without _____. You have _____ the airway and are now ventilating with the _____.

• What should you do next? – Begin an IV, monitor cardiac rhythm, and administer diazepam. *

For a patient in _____,

treatment consists of establishing an IV, monitoring cardiac rhythm, and administering diazepam to stop the seizures.

Status epilepticus, seizure pills, regaining consciousness, bag valve mask, secured

13

What is the primary reason that diazepam is given to a seizure patient?

• _____ to suppress the spread of electrical activity in the brain and relax muscles. * Although diazepam (Valium) does reduce _____, it is given to seizure patients to suppress the spread of _____ through the brain as well as to _____.

anxiety, relax muscles, electrical activity

14

A 52-year-old male has been ejected from a car. He is apnoeic, with a slow pulse palpated at the _____.

• What procedure would best manage this patient's airway? – Ventilate with the bag-valve mask and attach to high-flow oxygen. *

This patient needs immediate _____. Using a bag-valve mask will _____ this task most effectively.

accomplish, oxygenation and ventilation, femoral artery

15

Your patient is a 27-year-old male who is found unconscious on a bathroom floor. He is not breathing, has _____, and has a fresh _____ wound to his right

forearm. He has _____ that form a bluish streak over the veins on the backs on both hands. This patient is most likely suffering from which of the following?

- a seizure disorder
- multiple spider bites
- a narcotic overdose *
- anaphylactic shock

Common signs of a _____ are described: Pinpoint pupils are characteristic of heroin and narcotic use, a fresh puncture wound over a vein indicates a recent _____, and _____ over the veins is consistent with the presence of track marks.

bluish scarring, multiple scars, puncture, narcotic overdose, injection site, pinpoint pupils

16

A 24-year-old female is complaining of chest pain and difficulty breathing. She has been up for three days studying for finals and has been taking ephedrine supplements to help her _____ and alert. She also admits to drinking 12 _____ soft drinks in the past day. Vitals are BP 80/40, P 180 carotid, and R 42. She is _____ and lethargic.

- The best treatment for this patient would include: cardioversion at 100 joules *

This patient presents in unstable supraventricular _____. Her condition may _____ quickly; therefore, immediate synchronized _____ is indicated.

cardioversion, caffeinated, stay awake, tachycardia, very pale, deteriorate

17

Your patient is a 19-year-old female who has been stung by a stingray while swimming.

- What should you do after _____ airway breathing and circulation are intact?
– Apply heat or warm water to reduce pain and _____ the poison. *
Heat will cause the _____ to break down and _____ the harm to the patient.

detoxify, poison, ensuring, lessen

18

Your patient is a comatose 56-year-old male. His breath smells fruity and sweet and his respirations are very deep and rapid.

- After the initial assessment, you should provide the following treatments: Draw blood, start an IV of 0.9% NaCl, and give a 500 ml fluid bolus.*

This patient is showing signs and symptoms of diabetic _____. Avoid the use of _____ if at all possible.

At the minimum, you should obtain a _____ before administering any glucose containing solutions. The fluid bolus will help _____ the glucose contained within his blood.

glucose administration, glucometer reading, ketoacidosis, dilute

19

Your patient is a 30-year-old female who is complaining of a generalized rash and a dyspnoea after eating shellfish. The patient has small itchy, red welts all over her body and says her tongue feels like it is swollen. She complains of difficulty moving air in

and difficulty _____. This patient's vital signs show a blood pressure of 110/60; a pulse of 100, strong and regular; and a respiratory rate of 36. Her breathing is somewhat shallow and _____.

- This patient is exhibiting the signs and symptoms of: an allergic reaction. * This patient's blood pressure is still _____ the allergic reaction; therefore, the patient is not in anaphylactic shock.
- This patient needs close monitoring because she could _____: anaphylactic shock *

Compensating for, catching a full breath, progress into, laboured

20

You respond to a 17-year-old female found unconscious in her backyard by her parents. She has a newly developing skin rash on her right arm and is having difficulty breathing. You note that she is wheezing. Her parents state that she has no history of respiratory problems or other medical disorders.

Which of the following is a possible cause of her condition?

- Anaphylaxis *
- febrile seizures
- status asthmaticus
- epiglottitis

The environment she is in and previously unseen _____, _____, difficulty breathing and negative past history are keys to this being a case of possible anaphylactic shock.

- What is the first step in managing this patient? – Aggressively manage the airway. *

You should aggressively manage the airway. It may be necessary to _____ this patient, and you may get only one attempt. Once the tube contacts the larynx, the _____ can spasm and completely shut off the airway.

- The next step in treating this patient is to start a normal saline or Ringer's lactate IV and to give: epinephrine * Epinephrine is a potent _____ and can reverse many of the effects of histamine _____. This patient is _____ and should first be treated with epinephrine. If respiratory _____ continues once the epinephrine has entered the patient's system, you may try using diphenhydramine (another antihistamine) or albuterol to bring about _____.

Antihistamine, distress, bronchodilation, carefully intubate, rash, vocal cords, in extremis, overload, wheezing

Vocabulary 1

abdominal /æb'dɒm.i.nəl/ **thrust** /θrʌst/
břišní úder, první pomoc při dušení
abscess /'æb.ses/ absces

accomplish /ə'kʌm.plɪʃ/ dosáhnout,
provést, uskutečnit

admit /əd'mɪt/ připustit, uznat,
hospitalizovat

aggressively /ə'ɡres.ɪv.li/ agresivně,
útočně

air /'eər/ **embolism** /'em.bə.li.zəm/
vzduchová embolie

anaphylaxis /,æn.ə.fi'læk.sɪs/ anafylaxe,
druh alergie, přecitlivělosti na cizorodou
bílkovinu

ascent /ə'sent/ stoupání, výstup

bag /bæg/ **mask** /mɑːsk/ dýchací maska,
ambuvak, resuscitační vak,

samorozpínatelný vak s maskou
bolus /bəʊ.ləs/ jednorázově podaná dávka léku
break /breɪk/ **down** /daʊn/ porucha, porušení, havárie, defekt, zhroutit se, nevydržet
bring /brɪŋ/ **about** /ə'baʊt/ způsobit, vyvolat
bronchodilation /,brɒŋ.kəʊ.'dɪleɪʃən/ dilatace, rozšíření průdušek
caffeinated /'kæf.i.neɪ.tɪd/ s kofeinem (nápoj)
cardioversion /,kɑː.di.ə'vɜːʃən/ kardioverze, elektrický výboj použitý při léčbě srdečních arytmií
catching /'kætʃ.ɪŋ/ nakažlivý, přenosný
center /'sen.tər/ střed, centrum, středisko
comfortable /'kɒmf.tər.bəl/ pohodlný, příjemný
consciousness /'kɒn.ʃəs.nəs/ vědomí, povědomí
counterproductive /,kaʊn.tə.prə'dʌk.tɪv/ kontraproduktivní, mající opačný účinek
cricothyrotomy /'kraɪ.kə,θaɪə'rɒ.tə.mi/ krikotyrotomie, chirurg. rozdělení chrupavky prstencové a štítné
decompression /,diː.kəm'preʃ.ən/ **sickness** /'sɪk.nəs/ dekompresní nemoc
deficit /'def.i.sɪt/ deficit, nedostatek
detoxify /di:'tɒk.sɪ.fai/ detoxikovat
dilute /daɪ'lʊɪt/ zředit, oslabit
diphenhydramine /di.fen'hɪ.drə.miɪn/ difenylhydramin, antihistaminikum, užívané v léčbě alergických poruch
diving /'daɪ.vɪŋ/ **reflex** /'rɪf.fleks/ reflex zahrnující kardiovaskulární a metabolické adaptace pro uchování kyslíku vyskytující se u živočichů během potápění do vody
drowning /'draʊn.ɪŋ/ tonutí, utopení
encourage /ɪn'kʌr.ɪdʒ/ povzbudit, vést
femoral /'femərəl/ femorální, stehenní
final /'faɪ.nəl/ závěrečná zkouška
forceps /'fɔː.seps/ chirurgické, lékařské

kleště
fraternity /frə'tɜː.nə.ti/ bratrstvo, jednota
fruity /'fruː.ti/ ovocný
gag /gæg/ **reflex** /'rɪf.fleks/ reflex zvracení
garment /'gɑːmənt/ oděv, oblek
glucose /'gluː.kəʊs/ glukóza, hroznový cukr
goal /gəʊl/ cíl
grab /græb/ snažit se popadnout
haemostasis /,hiː.mə'steɪ.sɪs/ hemostáza, zástava krvácení, zástava krevní cirkulace
Heimlich maneuver /'haɪm.lɪk.mə.nu.vər/ Heimlichův manévr je určený k vypuzení předmětu, který ucpal dýchací cesty
in extremis /,ɪn.ɪk'striː.mɪs/ krajní, v krajním případě
itchy /'ɪtʃ.i/ svědivý
MAST, Military Anti-Shock Trousers vojenské protišokové pneumatiké kalhoty viz také PASG
mid /mɪd/ střední
NaCl, sodium /'səʊ.di.əm/ **chloride** /'klɔːraɪd/ chlorid sodný, kuchyňská sůl
near /nɪər/ téměř, blízko
necessitate /nə'ses.ɪ.teɪt/ vyžadovat, vynutit si
neoplasm /,niː.əʊ'plæz.əm/ zhoubný nádor
neurological /,njuː.rə'lɒdʒ.ɪ.kəl/ neurologický
nitrogen /'naɪ.trə.dʒən/ dusík, dusíkatý
nonbreather /,nɒn.rəbrə.ðər/ **mask** /mɑːsk/ dýchací maska jednocestnou klapkou, vydechnutý oxid uhličitý je vyloučen a není znovu vdechován
oropharyngeal /'ɔː.rə.fə'riːn.dʒi.əl/ orofaryngeální, týkající se úst a hltanu
overinflation /,əʊvə.ɪn'fleɪʃ.ən/ nadměrné naplnění vzduchem, nahuštění
overload /,əʊ.və'ləʊd/ přetížit, přetížení
oxygenate /'ɒk.sɪ.dʒə.neɪt/ okysličovat
padded /'pæd.ɪd/ vycpaný, s vycpávkou
PASG, Pneumatic /nju'mætɪk/ Antishock

/'æ.n.tɪ.ʃɒk / **Garment** /'gɑ:mənt/ nafukovací oblek, používaný k potlačení šoku, stabilizaci zlomenin, podporování hemostázy a zvýšení periferní cévní rezistence, viz také MAST
pneumatic /nʃʊ'mæ.tɪk/ vzduchový, na stlačený vzduch
poison /'pɔɪ.zən/ jed, otrávit
pulseless /pʌl.s.ləs/ bez pulzu
recompression /,rɪ.kəm'pres.ən/ **chamber** /'tʃeɪm.bər/ rekompresní komora
regain /rɪ'geɪn/ znovu získat, vrátit
retroperitoneal /,ret.rəʊ.per.ɪ.təʊ.'ni:.əl/ ležící za pobřišnicí
reverse /rɪ'vɜːs/ zvrátit, změnit, otočit, opačně, pozpátku
Ringer's lactate /læk'teɪt/ Ringerův roztok, infuzní roztok, podobně jako fyziologický roztok je izotonický a obsahuje ionty sodíku a chloru, navíc pak obsahuje ionty draslíku a vápníku, čímž je bližší složení krevní plasmy
scar /skɑːr/ jizva, zjizvit
scuba diving /'skuː.bə.daɪ.vɪŋ/ potápění s dýchacím přístrojem, sportovní potápění
shaft /ʃɑːft/ diafýza, střední část dlouhé kosti
shellfish /'ʃel.fɪʃ/ měkkýši, korýši
shut /ʃʌt/ **off** /ɒf/ vypnout, zastavit, odtáhnout
softly /'sɒft.li/ jemně, tlumeně
sore /sɔːr/ bolavý, bolestivý
spasm /'spæz.əm/ křeč, záchvat
spider /'spaɪ.dər/ pavouk
spine /spaɪn/ **board** /bɔːd/ páteřní deska
splint /splɪnt/ dlaho, zpevnit dlahou
status /'steɪ.təs/ status, stav
stingray /'stɪŋ.reɪ/ trnuča, rejnok s jedovým bodcem na ocase
streak /stri:k/ stopa, proužek
suddenly /'sʌd.ən.li/ náhle, najednou
suffering /'sʌf.ər.ɪŋ/ from trpící čím
suit /sju:t/ oblek

supplement /'sʌp.lɪ.mənt/ doplnit, dodatek
suppress /sə'pres/ potlačit, zastavit
track /træk/ dráha, cesta, sledovat
traction /'træk.ʃən/ trakce, tah
tube /tjuːb/ trubice, trubička
umbilicus /ʌm'bɪl.ɪ.kəs/ pupek
unconsciousness /ʌn'kɒn.ʃəs.nəs/ bezvědomí
unlikely /ʌn'laɪ.kli/ nepravděpodobný
unseen /ʌn'siːn/ neviditelný, nevidaný
valve /vælv/ klapka, ventil
welt /welt/ šrám, podlitina
whisper /'wɪs.pər/ šeptat, šepot
worsen /'wɜːsən/ zhoršit (se)

Unit 2

1

• What is the reason for giving _____ beta agonists to patients with severe allergic reactions? – To reverse bronchospasm and relax airways * _____ such as albuterol help in the treatment of severe allergic reactions by relaxing the _____ and thus relieving _____

Beta agonists, airway, bronchospasm, inhaled

2

Your patient is a 27-year-old male who has fallen from a 24-foot (7.3 m) ladder. As you are approaching and forming your general impression, you note that he is conscious and talking.

• What should you do first? – _____ stabilize his neck in a neutral position.*
 The _____ is always given first priority, but in this case, since the patient _____, the first step in his assessment and care

would be to stabilize the _____ as you begin your _____.

ABC assessment, is talking, cervical spine, Manually, airway

3

- When using the OPQRST _____ to assess a patient's pain, you would assess the R portion of the mnemonic by asking: "Does the pain move anywhere?" * R stands _____. You should determine if the pain is radiating, _____, or causing any _____ for

radiation, referred, associated problem, mnemonic

4

- The focused history and physical examination of a patient begins after you have: controlled immediate threats to the patient's life. * The purpose of the focused history and physical examination is to detect additional problems after you have controlled _____ to the patient's life. The _____ is typically performed during transport. _____ may be consulted anytime during the call when you feel it is _____ or whenever your protocols and standing orders require it.

Appropriate, Medical control, ongoing assessment, immediate threats

5

- Using your sense of touch during a physical examination is called: palpation. * The technique of _____ is using touch

during a _____ to gather information.

_____ is listening with a stethoscope; _____ is using gentle tapping in order to identify the presence of air or fluid in body tissues.

Percussion, Auscultation, physical examination, palpation

6

- What are the components of the focused history and physical exam? - SAMPLE history and focused examination. * The _____ and physical exam, undertaken only after _____ to _____ life have been corrected, consists of ascertaining the nature of _____, previous history (via SAMPLE), _____, and focused exam.

focused history, illness or injury, immediate threats, vital signs

7

- What is the purpose of the OPQRST mnemonic? - To define the major complaint. * The OPQRST mnemonic is used to define the _____ associated with _____ such as pain, dyspnoea, dizziness, and vague sensations. It is not usually used in trauma or _____.

medical conditions, actual unconsciousness, chief complaint

8

- What is a major concern when dealing with a patient with

organophosphate poisoning? - Exposure of rescuers to the poison.*

_____ to organophosphate is a major concern. Proper _____ are _____ to rescuer safety. _____ all patient clothing according to Environmental Protection Agency guidelines.

Dispose of, Exposure, paramount, isolation procedures

9

Your patient is a farmer who has employed a crop cluster to spray his fields. The fields were sprayed earlier today and now the farmer has teary eyes, nausea and vomiting, diarrhoea, and excessive salivation.

• What was he most likely poisoned with? - Organophosphates. *

The symptoms of organophosphate _____ are described by the acronym SLUDGE (excessive _____, _____, _____, diarrhoea, gastrointestinal distress, _____).

salivation, absorption, emesis, lacrimation, urination

10

• What _____ is commonly used to treat patients who are the victims of organophosphate poisoning? - Atropine sulfate *

A large dose of atropine sulfate is used to _____ cholinergic poisoning from _____ and carbamates.

Counteract, organophosphates, medication

11

A victim is unresponsive after possible exposure to _____ in a closed garage. Which of the following procedures should you do first? -

• Wait for properly trained personnel to enter and evacuate the garage.*

• _____ the windows of the garage to ventilate the environment.

• _____ high-flow oxygen to the patient via positive pressure ventilations.

• _____ the patient from the environment.

Safety first! Of the three _____ options, _____ and protected rescuers can remove the patient safely.

Extrication, Provide, carbon monoxide, properly trained, Open, Remove

12

Which finding is helpful _____ poisoning by spider venom from an acute abdominal condition?

• abdominal rigidity with no palpable tenderness *

• right-lower-quadrant pain in the absence of fever

• diaphoresis accompanied by _____

• the presence of multiple _____ on the stomach

This finding is helpful in ruling out acute abdomen as the cause. _____

generally always has pain associated with rigidity, whereas a _____ may be

painless initially due to the neurotoxicity of the _____. Spiders _____ bite more than

once, ruling out the last choice as a realistic clue.

rarely, in distinguishing, spider bite, bite marks, chills and fever, Acute abdomen, venom

13

These are characteristic of a mild or moderate pit viper envenomation:

- _____ located around the wound site *
 - _____ like nausea or vomiting *
 - Localised _____ at the wound site *
- Pit viper _____ is generally very painful. Little or no pain is characteristic of coral snake (_____) envenomation.

neurotoxic, Systemic effects, envenomation, Bruising, oedema

14

- The physiological cause of the anxiety and restlessness that make up the classic _____ of shock are a _____ of what phenomena? - The release of catecholamines. *

The release of catecholamines that results from the initial drop in blood pressure causes the feelings of _____

early signs, anxiety and restlessness, direct result

15

- A patient who experienced a seizure, rather than a period of syncope, usually reports that the episode: happened without any warning. *

_____ unlike syncope, do not usually have _____ such as a period of lightheadedness. Some seizures are

_____ a feeling or sensation of impending seizure called an aura.

preceded by, Seizures, warning signs

16

- During the initial phase of an acute stress reaction, what physiological response will occur? - Increased pulse rate and papillary dilatation. *

Both good stress (_____) and bad stress (_____) will initially cause sympathetic stimulation such as _____ heart and respiratory rate, bronchodilation, _____, and increased blood flow to the _____.

*

skeletal muscles, distress, Increased, dilated pupils, eustress

17

Continual reexperiencing of a traumatic event is a characteristic of which of the following?

- an _____ disorder
- stress and _____
- cumulative stress reaction
- delayed stress reaction *

_____, or post-traumatic stress disorder, is characterized by reexperiencing of the traumatic event and diminished responsiveness to _____, as well as physical and cognitive symptoms.

burnout, anxiety, Delayed stress reaction, everyday life

18

- What signs and symptoms are characteristic of a patient in compensated shock? - Lethargy; confusion; pulse and

blood pressure normal to slightly elevated; skin cool; and capillary refill delayed.*

The signs and symptoms given _____, _____, pulse and blood pressure normal to slightly elevated; skin cool; and _____ delayed are characteristic of early, or compensated, shock. The single characteristic signalling the change from compensated to uncompensated shock is a drop in blood pressure that remains below normal despite _____. You _____ wait to see a decrease in BP to decide if shock is present or not, since early _____, sympathetic stimulation during compensation may result in a slight elevation of the diastolic blood pressure.

intervention and treatment, lethargy, capillary refill, in the shock process, confusion, should never

19

• What is the purpose of the body's _____ to a stressor? - To prepare for the most efficient reaction. *
All the components of the stress reaction - _____ ACTH, relaxation of the young healthy adult, _____, slowdown of _____, release of adrenaline - prepare the body to react to the _____ as efficiently as possible.

stressor, bronchial tree, physiological response, release of, digestion

20

• Why are vital signs changes not a good early indicator of shock in a young healthy adult? - The body attempts to compensate _____ normal vital signs. *

The body's physiological mechanism _____ the insult that causes shock. Therefore, although changes in _____ are ominous late signs in patients with poor tissue perfusion, they are unlikely to occur in a _____ who has just entered a state of shock.

young healthy adult, by maintaining, compensate for, vital signs

Vocabulary 2

ACTH, Adrenocorticotropic

/ə,drɪː.nəʊ,kɔː.tɪ.kəʊ'trɒf.ɪk/ Hormone

/'hɔː.məʊn/ adrenokortikotropní hormon

actual /'æk.tʃu.əl/ skutečný, opravdový, současný

aldosterone /'ɔːl.dəs.tər.əʊn/ aldosteron, mineralokortikoidní hormon vylučovaný nadledvinami

ataxia /ə'tæk.si.ə/ ataxie, ztráta kontroly volných pohybů

atropine /'æt.rə.pɪn/ sulfate /'sʌl.feɪt/ atropin-sulfát, lék

aura /'ɔː.rə/ aura, předzvěst, bezprostřední známky blížícího se záchvatu

beta-2 /'bi:tə.tuː/ agonists /'æg.ə.nɪsts/

beta-2 agonisté, uvolňují a otevírají dýchací cesty, které se během astmatického záchvatu zužují, astma „uvolňovače“ nebo bronchodilatátory

burnout /'bɜːnaʊt/ vyhoření, naprosté vyčerpání

carbamate /'kɑːbə.meɪt/ sůl nebo ester kyseliny karbamové (karbamová kyselina - H₂N-COOH, kyselina, která se okamžitě rozpadá na oxid uhličitý a amoniak; její soli jsou karbamáty, otrava, stažení zorniček, svalový třes, salivace, ataxie, dyspnoe

cervical /'sɜːvɪkəl/ spine /spaɪn/ krční

páteř
cholinergic /kə.lɪn.ə.dʒɪk/ cholinergický
cluster /'klʌs.tər/ shluk, hlouček, skupinka, trs, hrozen
cognitive /kɒg.nə.tɪv/ kognitivní, poznávací
coral /'kɒr.əl/ **snake** /sneɪk/ korálovec
counteract /,kaʊn.tər'ækt/ působit proti, potlačovat
crop /krɒp/ úroda, sklizeň
cumulative /'kjʊɪ.mjʊ.lə.tɪv/ kumulativní, hromadící se
diarrhoea /,daɪ.ə'riː.ə/ průjem
digestion /daɪ'dʒes.tʃən/ trávení, zažívání
dilatation /,dɪl.ə'teɪ.ʃən/ dilatace, rozšíření
disorder /dɪ.sɔː.dər/ porucha
efficiently /ɪ'fɪʃ.ənt.li/ efektivně, účinně
emesis /e'mɪ.sɪs/ emeze, zvracení
envenomation /ɪn,ven.ə'meɪ.ʃən/ vniknutí jedu do těla při kousnutí nebo štípnutí
eustress /juː.stres/ dobrý, pozitivní stres
evacuate /ɪ'væk.ju.eɪt/ evakuovat, vyklidit
event /ɪ'vent/ událost, případ, akce
examination /ɪg.zæm.ɪ'neɪ.ʃən/ lékařská prohlídka, vyšetření
experienced /ɪk'spɪə.ri.ənst/ zkušený, zběhlý
general /'dʒen.ər.əl/ celkový, všeobecný
guideline /'gaɪd.laɪn/ směrnice, instrukce
history /'hɪs.tər.i/ anamnéza
illness /'ɪl.nəs/ nemoc
in order to /ɪn.dər/ aby, kvůli
intake /'ɪn.teɪk/ příjem, přísun
lacrimation /,læk.rɪ'meɪ.ʃən/ slzení
leading /'liː.dɪŋ/ vedoucí
lethargy /'leθ.ə.dʒi/ letargie, netečnost
medical /'med.ɪ.kəl/ léčebný, léčivý, lékařský
mnemonic /nɪ'mnɒn.ɪk/ mnemotechnická pomůcka
moderate /'mɒd.ər.ət/ mírný, nevelký, střední, umírněný, přiměřený
nature /'neɪ.tʃər/ povaha, podstata,

charakter
neurotoxicity /,njuːr.ə.tɒk'sɪs.ɪ.ti/ neurotoxická, schopnost ničit nervovou tkáň
onset /'ɒn.set/ nástup
OPQRST, Onset, Provocation, Quality, Radiation, Severity, Time cílená anamnéza, kdy bolest začala, co ji zhoršuje, jak je pociťována, zda se přemístuje, jak je vážná, jak dlouho trvá
oral /'ɔː.rəl/ ústní, verbální
organophosphates /ɔː,gæn.əʊ'fɒs.feɪts/ organofostáty, organické sloučeniny fosforu
palpable /'pæl.pə.bəl/ hmatný, zřetelný
paramount /'pær.ə.maʊnt/ prvořadý, nejzásadnější
past /pɑːst/ minulý, dřívější
phenomenon /fə'nɒm.ɪ.nən/ pl
phenomena fenomén, jev, ukaz
physiological /,fɪz.i'ɒl.ə.dʒi.kəl/ fyziologický
pit /pɪt/ **viper** /'vaɪ.pər/ chřestýšovec, chřestýšovité had
portion /'pɔː.ʃən/ část, díl, rozdělit
positive /'pɒz.ə.tɪv/ pozitivní, kladný
pressure /'preʃ.ər/ tlak
previous /'priː.vi.əs/ předchozí, předešlý
provocation /,prɒvə'keɪʃən/ vyprovokování
quadrant /'kwɒd.rənt/ kvadrant, čtvrtina kruhu
quality /kwɒlɪti/ povaha, vlastnost
radiation /,reɪ.di'ei.ʃən/ vyzařování
reexperience /,riː.ɪk'spɪə.ri.əns/ znovu prožít, prodělat
refill /'riː.fɪl/ plnění, doplnění, doplnit, dolít, znovu se naplnit
responsiveness /rɪ'spɒn.sɪv.nəs/ schopnost reagovat, reakce
restlessness /'rest.ləs.nəs/ neklid, nepokoj
salivation /'sæɪ.ɪ.veɪ.ʃən/ salivace, slinění
SAMPLE, Signs and Symptoms, Allergies, Medications, Past medical history, Last oral

intake mnemotechnická pomůcka
(příznaky a symptomy, alergie, léky,
minulá zdravotní anamnéza, poslední
příjem ústy, události vedoucí k poranění či
nemoci) pro klíčové otázky při posuzování
stavu pacienta, užívá se spolu s
hodnocením životních znaků, viz také
OPQRST

severity /sɪ'ver.ɪ.ti/ vážnost, útrapy

signal /'sɪɡ.nəl/ signál, znamení,
signalizovat, indikovat

skeletal /'skel.ɪ.təl/ skeletální, kosterní

slowdown /'sləʊ.daʊn/ zpomalení

sludge /slʌdʒ/ kal, usazenina

SLUDGE, Salivation, Lacrimation, Urination,
Diarrhoea, Gastrointestinal distress,

Emesis příznaky otravy, slinění, slzení,
močení, průjem, zažívací potíže, zvracení

spray /spreɪ/ rozprašovač, postříkat

stressor /'stres.ə/ stresor, prostředek, stav
či podnět, který způsobí stres

symptom /'sɪmp.təm/ symptom, příznak

tap /tæp/ poklepat, zaťukání

teary /'tɪə.r.i/ uslzený

time /taɪm/ čas

uncompensated /,ʌn'kɒmpenseɪtɪd/
nekompenzovaný

unlike /ʌn'laɪk/ na rozdíl od, odlišný od

vague /veɪɡ/ vágní, nejasný, neurčitý

venom /'venəm/ jed hadí ap.

warning /'wɔː.nɪŋ/ varování, upozornění

whereas /weə'ræz/ kdežto, zatímco

Unit 3

1

A patient presents with symptoms of
_____, _____, hives, difficulty
breathing, decreased blood pressure, and
dizziness.

• What should you suspect? -
Anaphylaxis. *

_____ accompanied by difficulty breathing,
strongly _____ anaphylaxis.

suggest, Hives, flushing, itching

2

While assessing a patient complaining of
difficulty breathing, you note an _____
_____, stridor, chest tightness, and
tachycardia.

• Based on these symptoms, you
should suspect: anaphylaxis *

_____ indicates an upper-airway
obstruction, in this case most likely from
an allergic reaction. A patient with
_____ would exhibit difficulty breathing
with wheezing and rhonchi; a patient with
_____ will exhibit wheezing respirations; a
patient suffering from a CVA would have
an altered mental status but would not
have stridor.

Asthma, Stridor, altered mental status,
emphysema

3

What is the first sign of _____ in
a patient _____ anaphylaxis?

- wheezing
- coughing
- hoarseness *
- dyspnoea

The first sign of laryngeal oedema is
usually a _____.

Hoarse voice, laryngeal oedema, suffering
from

4

• What are the two most common
causes of _____ anaphylaxis? - Penicillin
and insect bites/stings. *

_____ antigens are likely to cause the

most severe reactions; penicillin and insect stings are the two _____ causes of severe anaphylaxis.

Injected, most common, severe

5.

• What is the _____ for the management of acute anaphylaxis? - Epinephrine.*

To manage _____ epinephrine is the first medication used. Epinephrine is a potent antihistamine and immediately _____ the physiological effects of the reaction (vasodilation, bronchoconstriction, and _____).

airway swelling, primary drug, reverses, acute anaphylaxis

6

Epinephrine 1:1,000 may be indicated in:

- asthma *
- epiglottitis
- pertussis
- emphysema

As a _____, epinephrine 1:1,000 is sometimes _____ in younger (< 35 years old) _____ patients.

indicated, asthma, bronchodilator

7

• An important disadvantage in using both nasal- and oropharyngeal airway adjuncts is that they: are unable to protect the lower airway from aspiration * Neither the nasopharyngeal nor the oropharyngeal airway is long enough to _____ the lower airway from _____. Generally, the presence of _____

_____ in the airway does not affect their use, since suction is easily performed through and around these devices. The _____ come in a wide variety of sizes and styles. Use of the oropharyngeal airway is limited to patients who do not have a _____.

vomitus or blood, protect, gag reflex, devices, aspirated material

8

Your patient has suffered _____ trauma to the neck and is bleeding _____ from several large vessels.

• You should: apply an occlusive dressing then apply pressure. *

Apply an _____ (a gloved hand can be used in the interim until the occlusive dressing is applied), then attempt to stop the bleeding with _____, _____, but do not clamp neck vessels. Medical control may also direct _____ with a gloved finger.

profusely, tamponade, constant, direct pressure, occlusive dressing, penetrating

9

You are caring for a patient whose finger was just cut off in an accident.

• What should you do with the amputated finger? - Place the _____ finger in a plastic bag and _____ the bag in cold water. *

Do not allow the severed digit to _____ because tissues will begin to draw in the hypotonic fluid and _____, which may make reimplantation impossible. The _____ will help reduce _____ by the cells of the severed digit and will help keep it _____ longer.

cold environment, get wet, severed, oxygen demand, swell up, immerse, alive

10

• Assessment and care of a patient who is a victim of sexual assault should include the following: place sterile dressings on any wounds.* Do not _____ a vaginal exam, ask detailed questions about the _____ in the field, or _____ the patient to change clothes or bathe. You should not overly _____ any wounds you encounter, but instead wrap them up with dry _____. Place any clothing or other evidence removed from a patient in a clean _____ and take it with you to the hospital.

paper bag, assault, allow, sterile dressings, perform, clean

11

Your patient is hypothermic with a body temperature of 93 °F (33.9 °C). The patient is likely _____ which of the following symptoms?

- severe shivering
- impaired judgement *
- respiratory depression
- bradycardia

This patient is experiencing early to moderate _____ and is likely to manifest _____, _____, normal blood pressure, and tachycardia. Severe _____ generally peaks around 95 °F and continues to decrease in intensity until _____ reaches the high 80s; it then stops altogether. Respiratory depression and bradycardia occur when the temperature _____ into the mid 80s.

Shivering, impaired judgement, hypothermia, to exhibit, slurred speech, drops, body temperature

12

• Shivering _____ in a hypothermic patient when the body temperature drops below: 86 °F (30 °Celsius).* _____ is the body's attempt to _____ body temperature. Shivering continues until the body temperature reaches about 86 °F (30 °C). _____ shivering in a hypothermic patient indicates _____.

Lack of, regulate, severe hypothermia, Shivering, ceases

13

Which of the following patients shows signs and symptoms of heat exhaustion?

- Male, age 34; severe _____ in legs and abdomen; fatigue, and dizziness
 - Female, age 45; rapid; shallow respirations; weak pulse; cold, clammy skin; dizziness *
 - Male, age 42; deep respirations; _____ pulse; dry, hot skin; loss of _____.
 - Female, age 70; shallow respirations; weak, rapid pulse; dilated pupils; _____.
- Patients c) and d) show signs and symptoms of heat stroke, and patient a) shows signs of heat cramps

consciousness, rapid strong, muscle cramps, seizures

14

Which of the following patient scenarios is

the typical profile for a victim of classic _____?

- a healthy young adult who has been _____ in hot, humid weather
- someone _____ profusely and drinking large amounts of water without salt
- an elderly person with chronic illness who _____ to a hot room *
- _____ who is exposed to overly high ambient temperatures indoors

Although any of these individuals could suffer from heat stroke, the _____ represents the typical profile of a victim of classic heat stroke.

is confined, sweating, elderly person, heat stroke, exercising, an infant

15

A patient begins to have a _____ while running a marathon on a hot day. Which of the following procedures should you do first?

- Move the patient into the _____.
- _____ 5 mg diazepam intravenously.
- Establish an airway and ventilate the patient.*
- Place _____ around the neck and under the arms.

While the other procedures are applicable to the treatment of a possible heat stroke victim, _____ the airway and _____ respirations should occur first.

Securing, ambulance, administer, cold packs, generalized seizure, ensuring

16

Which of the following patients is considered to be at _____ for a heat-

related emergency?

- 29-year-old _____
- 48-year-old police officer
- 17-year-old athlete
- 78-year-old diabetic *

The very young, the very old, those undernourished, and those with chronic illness are all predisposed to _____ for a variety of reasons.

heat illness, high risk, amputee

17

You are called to the scene of a possible drowning at a local pool. Upon arrival, you discover that _____ have removed the patient from the pool and are performing _____ since the patient is apnoeic with a pulse.

- _____ should consist of: defibrillation 200 joules. *

The patient presents in pulseless ventricular tachycardia, a _____. Immediate defibrillation is indicated to terminate this event.

Management, lifeguards, lethal rhythm, rescue ventilations

18

What is the most important treatment consideration for a patient who is suffering from _____? - Provide high-concentration oxygen with a nonrebreather mask. *

_____ at 100% concentration and intubate if the patient is not breathing

Provide oxygen, decompression sickness, spontaneously

19

• What is the correct field treatment for a _____ body part? – Transport the patient to the hospital.*

The correct treatment is _____ in a water bath maintained between 100 ° F (37,8 ° C) and 106 ° F (41 ° C), although this treatment should not be attempted _____ because of the danger of _____. Pain management is essential because the procedure is _____.

in the field, gradual warming, extremely painful, refreezing, frostbitten

20

A patient presents with _____ at a rate of six per minute.

• What should you do next? – _____ positive-pressure ventilation with a BVM *

The respiratory rate is too slow and must _____ immediately with _____ assistance.

ventilatory, Administer, be corrected, shallow breaths

Vocabulary 3

accident /'æksɪdənt/ nehoda, neštěstí

adjunct /'ædʒ.ʌŋkt/ dodatek, doplněk, přidružený, pomocný

alive /ə'laɪv/ živý, naživu

amputee /,æm.pju'ti:/ osoba, která se podrobila amputaci

antigen /'æn.tɪ.dʒən/ antigen

applicable /ə'plɪk.ə.bəl/ platný, použitelný

bathe /beɪð/ koupat, omýt, vymýt ránu

cease /si:s/ přestat, ustat, zastavit se

cerebrovascular /,ser.i.brə'væskjʊlə/

cerebrovaskulární, týkající se mozkových

cév

cut st off /kʌt/ odříznout, přerušit, zastavit

CVA, Cerebrovascular /,ser.i.brə'væskjʊlə/

Accident /'æksɪdənt/ mrtvice

digit /'dɪdʒ.ɪt/ prst na ruce i noze, číslice

dilated /daɪ'leɪtɪd/ rozšířený, dilatovaný

draw /drɔ:z/ pohybovat se, táhnout, natáhnout, načerpat

exercise /'ek.sə.saɪz/ cvičit, cvičení, výkon

flush /flʌʃ/ propláchnout, pročistit

frostbitten /'frɒst,bɪt.ən/ omrzlý

gag /gæg/ navalovat se, téměř zvracet

gloved /glɒvd/ v rukavicích

heat /hi:t/ cramp /kræmp/ křeč z horka

heat /hi:t/ exhaustion /ɪg'zɔ:ɪs.tʃən/

vyčerpání z horka

heat /hi:t/ stroke /strəʊk/ úžeh, úpal

hives /haɪvz/ kopřivka

humid /'hju:z.mɪd/ vlhký

hypotonia /,haɪpəʊ'təʊ.niə/ hypotonie, snížené svalové napětí

immerse /ɪ'mɜ:s/ ponořit se, potopit

impaired /ɪm'peəd/ oslabený, poškozený

indoors /,ɪn'dɔ:z/ uvnitř, v domě

insect /'ɪn.sekt/ hmyz

intensity /ɪn'ten.sɪ.ti/ intenzita, síla, ostrost

interim /'ɪn.tər.ɪm/ prozatímní, dočasný, interval, časový úsek

intravenously /,ɪn.trə'vi:z.nəs.li/ nitrožilně

lifeguard /'laɪf.gɑ:d/ plavčík na plážích ap.

manifest /'mæn.ɪ.fest/ projevit, projev

mental /'men.təl/ duševní

mid /mɪd/ střední

occlusive /ɒ'klu:zɪv/ dressing /'dres.ɪŋ/ okluzní obvaz, uzavřený obvaz

overly /'əʊ.vəl.i/ přespříliš, až moc

peak /pi:k/ špička, vrchol maximum, nejvyšší stupeň

penetrate /'pen.ɪ.treɪt/ proniknout, vniknout, prorazit

penetrating /'pen.ɪ.treɪ.tɪŋ/ pronikavý

pertussis /pə'tɪ.sɪs/ černý kašel
 pool /pu:l/ bazén
 rapid /'ræp.ɪd/ rapidní, rychlý, překotný
 refreeze /,rɪz.'fri:z/ znovu zmraznout
 regulate /'regjʊ.leɪt/ regulovat, usměrňovat, řídit
 sever /'sev.ər/ oddělit, přerušit, urvat, odseknout
 slurred /'slɜ:d/ nejasný
 terminate /'tɜ:mɪ.neɪt/ ukončit, přerušit
 tightness /'taɪt.nəs/ tíseň, těsnost, napětí
 undernourished /,ʌn.də'nʌr.ɪʃt/ podvyživený, trpící podvýživou
 weak /wi:k/ slabý, křehký, nedostatečný

Unit 4

1

Your patient is an adult female whom you suspect is unconscious as a result of an upper-airway obstruction. You use the head-tilt/chin-lift method _____ her airway and then attempt to give two _____, which are unsuccessful.

• What is the next thing you should do? - Reposition, and attempt to ventilate again.*

During the initial _____, the next step after two unsuccessful attempts at ventilation for an unconscious adult patient is to _____ the head and try again. Once you have confirmed _____, you do not need to repeat this step (repositioning) again.

Perform the blind finger sweep following the _____ before attempting ventilation each time. _____ for relieving airway obstruction are reserved for very obese and pregnant adults.

Chest thrusts, obstruction, abdominal thrusts, resuscitation attempt, to open, reposition, ventilations

2

• When _____ a patient, you should always: begin suctioning after the catheter is placed in the airway.* Attempts at suctioning should be limited to no more than 5-10 seconds (depending upon the level of _____). You should _____ the patient after each attempt, and you should not turn on the apparatus until the catheter is _____.

In the case of a _____ that has a hole in the system that allows you to control if suction is being applied or not by occluding the opening, you should only suction upon withdrawal.

This system may remain turned on at all times as long as you _____ when suction is actually being applied to the patient.

placed properly, monitor closely, suction catheter, consciousness, suctioning, ventilate

3

You are called for a 54-year-old woman who is unconscious. Your assessment reveals the patient to be _____.

• Initial management of this patient's airway should include: insertion of an _____ airway and ventilation with a bag-valve _____.*

device, oropharyngeal, apnoeic and pulseless

4

Your patient has a partial airway obstruction but adequate air exchange.

• You should: monitor the patient closely while he or she continues trying to clear the airway him- or herself. *

If a patient has a _____ airway obstruction but adequate _____, allow her to continue her spontaneous efforts to clear the airway (_____), but monitor her carefully. Your _____ may actually worsen the obstruction by making it _____.

If air exchange becomes inadequate, treat her as if the obstruction is total _____ the Heimlich, intubation, _____, or other efforts to relieve the _____.

by performing, Interference, coughing, partial, air exchange, suction, obstruction, complete

5

• After inserting a blind-insertion-airway device, what step should you take before inflating the balloon to ensure that the tube is properly positioned? - Look for chest rise and auscultate the lungs and abdomen. *

Regardless of which device you use, _____ of placement is generally advisable prior to _____ of any balloons on the device by looking for _____ and fall and _____ breath sounds in the chest and _____.

Inflation, listening for, abdomen, chest rise, confirmation

6

• What is the most definitive treatment of a patient with a flail chest injury? - Intubation and positive pressure ventilation.*

_____ ventilation of the patient with a _____ reverses the mechanism that causes the _____ chest wall movement, restores _____, and _____ of chest wall movement.

reduces pain, Positive pressure, paradoxical, tidal volume, flail chest injury

7

One breathing pattern is characterized by periods of apnoea followed by periods in which respirations first increase then decrease in both _____.

• This _____ is called: Cheyne-Stokes breathing.*

Cheyne-Stokes respirations are characterized by periods of _____ lasting 10-60 seconds, followed by periods in which respirations gradually _____, then _____, in depth and rate.

decrease, apnoea, increase, pattern, depth and frequency

8

• This statement regarding a _____ pneumothorax is true: It is usually limited to only 20% of the lung and is well tolerated by the patient.* A spontaneous pneumothorax occurs when a _____ (cystic lesion on the lobe of the lung) ruptures, allowing air to enter the _____ from within the lung. It usually occurs in otherwise healthy individuals age 20 to 40. They are usually well _____ and occupy less than 20% of the lung.

pleural space, tolerated, spontaneous, bleb

9

The paper bag effect occurs when the occupant of a car takes deep breath just _____, resulting in which of the following injuries?

- pneumothorax *
- pulmonary embolism
- shearing of the aorta
- lung laceration

The paper bag effect or the paper bag syndrome is thought to _____ for most pneumothoraces that result from car crashes. During this event the _____ traps pressurized air in the _____. When compression occurs during the crash against the closed glottis, _____ can occur to the hyperinflated _____, resulting in collapse.

chest, closed glottis, be responsible, alveoli and bronchioles, severe damage, before a collision

10

A patient is found lying supine on the floor with a _____ to her right anterior chest, just below the breast. The patient is having _____, with cool, clammy skin signs. No JVD is noted. Breath sounds are absent over the right side.

- This patient most likely is experiencing a: haemothorax. *
- The lack of jugular venous _____ in the supine position is very telling; it suggests a _____ of volume from the circulatory system.

difficulty breathing, stab wound, large loss, distension

11

A patient was hit several times in the left chest with the large end of a pool cue. The patient is in severe respiratory distress with tachycardia and tachypnoea. _____ can be felt over the left anterior fourth, fifth, sixth, and seventh rib area. Lung _____ are clear and equal, but diminished.

- What condition best describes the patient's presentation? - Flail chest segment. *
- _____ is very possible in this case, due to the _____ of injury. The lack of other signs or symptoms such as jugular venous distension or unequal or absent breath sounds minimizes the possibilities of a _____.

pneumothorax or tamponade, Flail segment, Crepitus, sounds, mechanism

12

- This _____ in vital signs comprises Cushing's reflex, a sign of increasing _____: respiratory rate increased, heart rate decreased, blood pressure increased*
Cushing's reflex is also sometimes called Cushing's triad or Cushing's _____.

response, intracranial pressure, change

13

- The primary use of the Magill forceps in the field is to: directly _____ a visible foreign-body obstruction.*
Magill forceps are used to remove an obstructing _____ that is visible during laryngoscopy after _____ have been unsuccessful.

remove, foreign body, abdominal thrusts

14

Progressively deeper, faster breathing _____ gradually with shallow, slower breathing is called: Cheyne-Stokes *

_____ respirations are _____
Biot's breathing is an irregular pattern.

alternating, regular and deep, Cheyne-Stokes

15

Which statements about deflation of the PASG/MAST in the field setting is correct?

- Deflation should be accomplished rapidly in the field.
- Deflate the legs first and then the _____ compartment.
- _____ the garment if the patient begins to experience dyspnoea.
- Deflation should not be attempted in the field without medical direction. * Because the PASG corrects a symptom and not the _____, deflating should be _____ only in the hospital after the underlying _____ is corrected.

attempted, underlying problem, hypovolemia, abdominal, Deflate

16

The following conditions would result in an increase of a patient's PaO₂: airway obstruction, hypoventilation, physical exertion.*

PaO₂ measures _____ levels in the blood, which are influenced by _____ in CO₂ production or _____. Such levels would be increased by _____

_____ of muscles, by _____, or by an airway obstruction.

carbon dioxide, hypoventilation, elimination, physical exertion, alterations

17

Which of the following factors would normally cause a _____ in a patient's respiratory rate?

- anxiety
- sleep *
- fever
- hypoxia

A patient will breathe more slowly when _____ than when _____; all the other factors listed increase _____.

awake, decrease, respiratory rate, asleep

18

The volume of air normally inhaled and exhaled during each respiration is called the: tidal volume.*

Tidal volume is the amount of air that moves into and out of the lungs during the _____; minute volume is the total amount of air exchanged in the lungs in one _____; inspiratory _____ is the extra air that could be inspired in addition to the tidal volume; total _____ is the sum of the inspiratory reserve, tidal volume, expiratory reserve, and residual volume.

lung capacity, respiratory cycle, reserve, minute

19

Which is the recommended method when measuring respiratory rate? - Count

respirations while pretending to take a radial pulse.*

Place your hand on the patient's wrist as if you were measuring his or her pulse and ----- . This will prevent the patient from consciously ----- the respiratory rate. Placing the wrist and hand over the patient's ----- is called the pledge of allegiance method.

chest wall, changing, count for 30 seconds

20

• When using a peak flow meter to measure peak expiratory flow, the correct procedure is to: ask the patient to inhale deeply, then exhale once as quickly as possible, taking one reading. *

The correct procedure is to have the patient ----- and -----.

Some meters ask you to repeat the procedure and ----- your findings, but you would still have the patient inhale deeply and quickly exhale with each -----.

average, inhale deeply, exhale quickly, reading

Vocabulary 4

allegiance /ə'li:dzəns/ věrnost, lojalita
alternating /'ɒl.tə.neɪ.tɪŋ/ střídavý, střídající se
asleep /ə'sli:p/ spící, usnout
average /'æv.ər.ɪdʒ/ průměr, činit v průměru
balloon /bə'lu:n/ balonek
bleb /bleb/ puchýřek
confirmed /kən'fɜ:md/ potvrzený
consciously /'kɒn.ʃəs.li/ vědomě, úmyslně
count /kaʊnt/ počítat
cycle /'saɪ.kl/ cyklus

deflation /dɪ'fleɪ.ʃən/ vyfouknutí
exertion /ɪg'zɜ:ʃən/ úsilí, námaha
frequency /'fri:kwən.si/ frekvence, četnost výskytu
garment /'gɑ:mənt/ oděv, šaty, svršky
haemothorax /'hi:mə'θoɪ.ræks/ hemotorax, nahromadění krve v dutině hrudní
hole /hoʊl/ díra, otvor, mezera
hypoventilation /,haɪpə'ven.tɪ'leɪ.ʃən/ hypoventilace, omezené dýchání
increase /ɪn'kri:z/ zvýšit, zvýšení
inflation /ɪn'fleɪ.ʃən/ naplnění, nafouknutí
interference /,ɪn.tə'fɪə.rəns/ interference, zasahování, rušení
JVD, Jugular /'dʒʌg.jə.lər/ **Venous** /'vi:nəs/ **Distension** /dɪ'sten.tʃən/ roztažení krční tepny
lasting /'lɑ:stɪŋ/ trvalý, stálý
method /'meθ.əd/ metoda, způsob
otherwise /'ʌð.ə.waɪz/ jinak, v jiném případě
peak /pi:k/ **flow** /fləʊ/ vrcholový výdechový průtok
place /pleɪs/ místo, umístit, položit
pledge /pledʒ/ závazek, slib
pleural /'plʊə.rəl/ pleurální, pohrudniční
pool cue /kju: / tágo
pressurized /'pref.ər.aɪzɪd/ přetlakový, s regulovaným tlakem
pretend /prɪ'tend/ předstírat, tvrdit
progressively /prə'gres.ɪv.li/ progresivně, postupně
rate /reɪt/ frekvence
regular /'reg.jʊ.lər/ pravidelný, častý, obvyklý
relieve /rɪ'li:v/ utišit, zmírnit, pomoci
reserve /rɪ'zɜ:v/ rezerva, vyhradit si, zamluvit
setting /'set.ɪŋ/ prostředí
shear /'ʃɪə.r/ nůžky, stříhat, utrhnout se
sweep /swi:p/ (swept, swept) shrnout, stáhnout, smést