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**Question: 330**

A patient with a suspected tension pneumothorax is being transported by air. Which of the following in-flight interventions should the nurse perform first?

- A. Administering high-flow supplemental oxygen
- B. Performing needle decompression of the affected hemithorax
- C. Applying a occlusive dressing to the chest wall
- D. Initiating positive-pressure ventilation with a bag-valve-mask device
- E. Preparing for emergent chest tube insertion

Answer: B

Explanation: For a patient with a suspected tension pneumothorax, the nurse's first priority should be to perform needle decompression of the affected hemithorax. This immediate intervention helps relieve the life-threatening increase in intrathoracic pressure caused by the tension pneumothorax. The other interventions, while important, should be implemented after the initial needle decompression.

**Question: 331**

A patient with a history of hypertension and diabetes presents with sudden-onset severe headache, nausea, and vomiting. Which of the following is the most likely diagnosis?

- A. Stroke
- B. Intracranial hemorrhage
- C. Meningitis
- D. Hypertensive emergency

Answer: D

Explanation: The combination of sudden-onset severe headache, nausea, and vomiting in a patient with a history of hypertension and diabetes is most indicative of a hypertensive emergency. Hypertensive emergencies require immediate recognition and management to prevent life-threatening complications, such as stroke, intracranial hemorrhage, and end-organ damage.

**Question: 332**

A patient is experiencing severe anaphylaxis with hypotension, respiratory distress, and facial swelling. Which of the following is the MOST appropriate initial intervention?

- A. Administer antihistamines
- B. Administer epinephrine
- C. Administer corticosteroids
- D. Initiate fluid resuscitation

Answer: B

Explanation: Administering epinephrine is the most appropriate initial intervention for severe anaphylaxis, as it can rapidly reverse the life-threatening symptoms.

**Question: 333**

Which of the following is the most common cause of in-flight seizures?

- A. Hypoglycemia
- B. Alcohol withdrawal
- C. Febrile illness
- D. Head trauma

Answer: A

Explanation: Hypoglycemia is the most common cause of in-flight seizures. This can occur in patients with diabetes or other conditions that can lead to low blood sugar levels, which can be exacerbated by the stresses of high-altitude flight.

**Question: 334**

A 35-year-old patient is being transported by air with suspected spinal cord injury. Which of the following is the most appropriate immediate intervention?

- A. Administer high-dose methylprednisolone
- B. Perform emergent decompression surgery
- C. Apply a rigid cervical collar and immobilize the spine
- D. Administer a bolus of IV fluids
- E. Initiate noninvasive positive pressure ventilation

Answer: C

Explanation: Immediate immobilization of the spine with a rigid cervical collar and spinal precautions is the most appropriate initial intervention to prevent further neurological injury in a suspected spinal cord injury.

**Question: 335**

A patient is experiencing a suspected spinal cord injury. Which of the following is the most appropriate immediate intervention?

- A. Cervical collar application
- B. Endotracheal intubation
- C. Intravenous fluid resuscitation
- D. Steroid administration
- E. Emergent decompression surgery

Answer: A

Explanation: The most appropriate immediate intervention for a suspected spinal cord injury is the application of a cervical collar. This helps to immobilize the spine and prevent further injury during patient transport and evaluation.

**Question: 336**

A patient with a history of chronic kidney disease presents with nausea,

vomiting, and altered mental status. Laboratory studies reveal the following:

Serum creatinine: 4.2 mg/dL (baseline 2.8 mg/dL)

Serum potassium: 6.8 mEq/L

The most appropriate initial management is:

- A. Administer furosemide
- B. Perform emergent hemodialysis
- C. Administer calcium gluconate
- D. Administer sodium polystyrene sulfonate
- E. Administer insulin and dextrose

Answer: C

Explanation: The presentation of nausea, vomiting, altered mental status, and severe hyperkalemia (6.8 mEq/L) in a patient with chronic kidney disease is a medical emergency. The most appropriate initial management is to administer calcium gluconate, which can help stabilize the cardiac membrane and prevent further arrhythmias while definitive treatment, such as hemodialysis, is arranged.

**Question: 337**

Which of the following is the most common cause of in-flight hypothermia during air medical transport?

- A. Decreased ambient temperature
- B. Decreased metabolic rate
- C. Decreased insulation
- D. All of the above

Answer: D

Explanation: The most common cause of in-flight hypothermia during air medical transport is the combination of decreased ambient temperature, decreased metabolic rate, and decreased insulation. The cold environment and limited access to warming measures can lead to a rapid drop in the patient's

core body temperature.

**Question: 338**

A patient with a history of diabetes presents with altered mental status, rapid breathing, and a fruity odor to their breath. Which of the following is the most likely diagnosis?

- A. Diabetic ketoacidosis
- B. Hypoglycemia
- C. Stroke
- D. Metabolic acidosis

Answer: A

Explanation: The combination of altered mental status, rapid breathing, and a fruity odor to the breath in a patient with a history of diabetes is most consistent with diabetic ketoacidosis (DKA). DKA is a life-threatening complication of diabetes characterized by the accumulation of ketones and the development of metabolic acidosis.

**Question: 339**

A patient with a history of hypertension presents with sudden-onset severe headache, nausea, and vomiting. The most appropriate next step is:

- A. Administer pain medication
- B. Perform a CT scan of the head
- C. Measure the patient's blood pressure
- D. Perform a lumbar puncture
- E. Initiate IV fluids and antiemetics

Answer: C

Explanation: The most appropriate next step for a patient with a sudden-onset severe headache, nausea, and vomiting and a history of hypertension is to measure the patient's blood pressure. Sudden, severe headaches can be a symptom of a hypertensive emergency, such as a hypertensive crisis or

intracerebral hemorrhage, which require immediate blood pressure management. Measuring the blood pressure is the crucial next step in determining the appropriate course of action.

**Question: 340**

Which of the following is the most common cause of in-flight hypoglycemia during air medical transport?

- A. Decreased food intake
- B. Increased insulin requirements
- C. Decreased gluconeogenesis
- D. All of the above

Answer: A

Explanation: The most common cause of in-flight hypoglycemia during air medical transport is decreased food intake, as patients may have limited access to meals or snacks during the flight. This can lead to a rapid drop in blood glucose levels.

**Question: 341**

A patient experiences a seizure during a flight. Which of the following is the most appropriate first-line treatment for the CFRN to administer?

- A. Intravenous diazepam (Valium)
- B. Intramuscular midazolam (Versed)
- C. Oral lorazepam (Ativan)
- D. Rectal diazepam (Diastat)

Answer: B

Explanation: The most appropriate first-line treatment for a patient experiencing a seizure during a flight is the administration of intramuscular midazolam (Versed). This benzodiazepine medication can be rapidly administered to quickly terminate the seizure and stabilize the patient in the confined space of an aircraft.

**Question: 342**

A patient with a history of asthma presents with wheezing, shortness of breath, and decreased oxygen saturation. Which of the following is the most appropriate course of action?

- A. Administer bronchodilators and corticosteroids
- B. Perform endotracheal intubation
- C. Administer furosemide (Lasix)
- D. Provide supplemental oxygen only

Answer: A

Explanation: The most appropriate course of action for a patient with an asthma exacerbation presenting with wheezing, shortness of breath, and decreased oxygen saturation is to administer bronchodilators (e.g., albuterol) and corticosteroids. This combination of medications helps to relax and open the airways, reducing inflammation and providing relief. Endotracheal intubation and ventilatory support may be necessary if the patient's condition does not improve with initial treatment.



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