

Dear System Entry Candidate:

Thank you for your interest in applying to the Advocate Christ Medical Center EMS System. Please read and complete the attached packet of information. The entire packet must be completed and the requested documentation received before beginning APMC EMS System entry testing. System entry candidates are allowed thirty (30) days to complete the testing process. A System Entry fee of \$25.00 in the form of cash or money order **only** will be required before System Entry processing may begin. Candidates **not** meeting this deadline will have their files purged. Successful completion of exams in the APMC EMS System requires a minimum score of 80%.

Those candidates testing from an EMS System outside of Region VII, must complete the following:

- Region VII SMO Test (50 questions)
- Cardiac Rhythm Interpretation (10 strips)
- Medical Math Test (10 questions)

Those candidates testing from an EMS System within Region VII, who are unable to provide documentation of a minimum score of 80% on the most current Region VII SMO Exam, must complete the following:

- Region VII SMO Test (50 questions)
- Cardiac Rhythm Interpretation (10 strips)
- Medical Math Test (10 questions)

Those candidates testing from an EMS System within Region VII, who can provide documentation of a minimum score of 80% on the most current Region VII SMO Exam, must complete the following:

- Cardiac Rhythm Interpretation (10 strips)
- Medical Math Test (10 questions)

System entry is by appointment only. Please contact our office at 708-684-3778 to schedule an appointment. If there are any questions regarding this information, please call me at 708-684-3789.

Good Luck!

Ann Faragoi, RN
EMS Coordinator/Operations
APMC EMS System

5/1/2016

Related to the Evangelical Lutheran Church in America and the United Church of Christ

Recipient of the Magnet award for excellence in nursing services by the American Nurses Credentialing Center

**ADVOCATE CHRIST MEDICAL CENTER
EMERGENCY MEDICAL SERVICES SYSTEM
PARAMEDIC SYSTEM ENTRY PACKET**

Applicants Name: _____

Company/Department: _____

ACMC Primary: Yes No (Name of Primary) _____

ACMC Secondary: Yes

Today's Date: _____ Completion Deadline: _____

Entered in ACMC EMSS Data Base: Date _____ Initials _____

In

Approved

_____	_____	Complete <i>Personal Data Sheet</i>
_____	_____	Complete <i>Memorandum of Understanding</i> form
_____	_____	Current Drivers License
_____	_____	Current Illinois Paramedic license; Exp _____
_____	_____	Current AHA CPR course card; Exp _____
_____	_____	Copy of ACLS card; Exp _____
_____	_____	Copy of PHTLS or equivalent (BTLS or ITLS) certificate; Exp _____
_____	_____	\$25 System Entry Fee
_____	_____	Letter of verification/good standing from current EMS System,
_____	_____	Documentation of current continuing education hours (see below)
_____	_____	Letter of employment verification from Prehospital provider's
_____	_____	EMS Coordinator
_____	_____	Completed Cardiac rhythm interpretation study guide
_____	_____	Completed Medical math study guide
_____	_____	Completed current ALS SMO study guide

***** All of the above with the exception of ACLS and PHTLS or equivalent (BTLS or ITLS) must be completed before the applicant can challenge the ACMC EMS System Entrance Exam.**

ACMC EMS System Accepted Continuing Education Entrance Criteria:

1. All CE must have a valid IDPH Site Code (or equivalent) or meet the current IDPH recommendations for CE.
2. You must have sufficient hours based on your current licensure expiration date.

FOR OFFICE USE ONLY

Firehouse ID: _____

IDPH printout of license verification

Approved to test by: _____

Region VII SMO Test: 1. _____ % 2. _____ %

Cardiac Rhythm Interpretation: 1. _____ % 2. _____ %

Medical Math Test: 1. _____ % 2. _____ %

Practical: **Pass** **Fail**

Final disposition of candidate:

Disposition decision by:

Date: _____

**ADVOCATE CHRIST MEDICAL CENTER
EMERGENCY MEDICAL SERVICES SYSTEM
PARAMEDIC PERSONAL DATA SHEET**

Please print neatly

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone #: _____

Cell #: _____ Pager #: _____

E-Mail address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License number: _____

IDPH License #: _____ Original Licensure Date: _____

Current Employer: _____

Contact Person: _____ Phone #: _____

Address: _____

Other EMS Employer (if applicable): _____

Contact Person: _____ Phone #: _____

Address: _____

Name of Paramedic Training Program: _____

Date Graduated: _____

Other EMS Systems where affiliated:

1. _____ Primary Secondary
2. _____ Primary Secondary
3. _____ Primary Secondary

MEMORANDUM OF UNDERSTANDING

I understand that within the FIRST YEAR of entry into the ACMC EMS System, I must obtain ACLS, PHTLS or equivalent (BTLIS or ITLS) certification. Further, within the SECOND YEAR of entry into ACMC EMS System, I must obtain the outstanding certification. Failure to do so will result in MEDICAL SUSPENSION from the ACMC EMS System with reentry contingent as outlined in the ACMC EMS System Policy and Procedure Manual.

Name: _____
(Please print)

Signature: _____

I understand I have thirty (30) days to complete the ACMC EMS System entry process.

Name: _____
(Please print)

Signature: _____

Today's date: _____

Have you ever been affiliated with the ACMC EMSS in the past? Yes _____ No _____

If yes, when _____

At any time have you ever been or currently are suspended in any EMS System?

Yes _____ No _____

If yes, when and why _____

NAME: _____

<p style="text-align: center;">ADVOCATE CHRIST MEDICAL CENTER EMERGENCY MEDICAL SERVICES SYSTEM RHYTHM INTERPRETATION STUDY GUIDE FOR SYSTEM ENTRY</p>

Cardiac rhythm interpretation study guide

1. Describe a systematic approach to the analysis and interpretation of cardiac dysrhythmias. _____

2. Describe characteristics of a normal PR interval. _____

3. Describe characteristics of a normal QRS interval. _____

4. Describe characteristics of the following:

a. Normal sinus rhythm:

b. Sinus bradycardia:

c. Sinus tachycardia:

d. Supraventricular tachycardia:

e. Atrial flutter:

f. Atrial fibrillation:

g. First degree AV block:

h. Second degree AV block Type I (Wenckebach):

i. Second degree AV block Type II:

j. Third degree AV block:

k. Junctional rhythm:

l. Idioventricular:

m. Ventricular tachycardia:

n. Ventricular fibrillation:

o. Torsades de Pointes:

p. PEA (Pulseless Electrical Activity) and Asystole:

q. Paced:

5. Review the following:

- a. Bigeminy: _____
- b. Trigeminy: _____
- c. Premature atrial contraction (PAC): _____
- d. Premature junctional contraction (PJC): _____
- e. Premature ventricular contraction (PVC): _____

NAME: _____

**ADVOCATE CHRIST MEDICAL CENTER
EMERGENCY MEDICAL SERVICES SYSTEM
MEDICAL MATH STUDY GUIDE FOR SYSTEM ENTRY**

**Calculate the following drug orders and medical math problems.
Please show your work!!!**

1. 165 pounds = _____ kg
2. 25 kg = _____ pounds
3. 10mg/2ml = _____ mg/ml
4. 12mg/4ml = _____ mg/ml
5. 4mg/2ml = _____ mg/ml
6. 100mcg/2ml = _____ mcg/ml
7. 1mg/10ml = _____ mg/ml
8. 50 mcg = _____ mg
9. 1 mg = _____ mcg
10. 1.7 grams = _____ mg
11. The repeat dose of drug A is 0.75mg/kg for a patient weighing 176 pounds. How many mg would you give?
12. The dose of drug B is 2mcg/kg for a patient weighing 46 pounds. How many mcg would you give?
13. The dose of drug C is 4ml/kg for a patient weighing 9 pounds. How many ml would you give?

14. You have 100mg/5ml. Medical control orders 35 mg. How many ml would you give?

15. You have 4mg/2ml. Medical control orders 8 mg. How many ml would you give?

16. You have 10mg/ml. Medical control orders 2.3 mg. How many ml would you give?

17. You have 1gm/10ml. Medical control orders 1000mg. How many ml would you give?

18. You have 100mcg/2ml. Medical control orders 25mcg. How many ml would you give?

19. You have 6mg/2ml. Medical control orders 0.1mg/kg. How many ml would you give an 18 kg patient?

20. You have 1mg/ml. Medical control orders 0.01 mg/kg. How many ml would you give a 40 pound patient?

21. You have 50mg/ml. Medical control orders 1mg/kg. How many ml would you give a 40 pound patient?

22. You have 100mcg/2ml. Medical control orders 2mcg/kg. How many ml would you give a 23kg patient? How many ml for a 37kg pediatric patient?

23. You have 0.1mg/ml or 1mg/10ml. Medical control orders 0.01mg/kg. How many ml would you give a 66 pound patient?

24. You have 2mg/2ml. Medical control orders 0.1mg/kg. How many ml would you give a 73 pound patient?

25. You have 5mg/ml. Medical control orders 0.2mg/kg. How many ml would you give a 23 kg patient?

26. You have 10mg/2ml. Medical control orders 0.15mg/kg IN. How many ml would you give in each nostril for a 60 pound patient?

 27. Medical control instructs you to give 250 ml of fluid through a 10gtt/ml infusion set over 60 minutes. How many drops per minute is that?

 28. Medical control instructs you to give 600ml of fluid through a 10gtt/ml infusion set over 90 minutes. How many drops per minute is that?

 29. You are told to give 50 ml of fluid through a 60gtt/ml infusion set over 30 minutes. How many drops per minute is that?

 30. What is the maximum total dose of Fentanyl for a pediatric patient?
 31. What is the maximum *single* dose of Fentanyl for a pediatric patient?
(Hint: the most you would give *at one time*)
 32. What is the maximum volume that can be given in each nare for intranasal administration?
- Bonus: Using the Parkland formula, calculate the amount of fluids to be given in the first 8 hours after a burn injury and the amount of fluids to be given from hours 8 to 24 hours for a 200 pound man who has sustained 25% second degree burns and 10% third degree burns.

NAME: _____

**ADVOCATE CHRIST MEDICAL CENTER
EMERGENCY MEDICAL SERVICES SYSTEM
REGION VII ALS SMO STUDY GUIDE FOR SYSTEM ENTRY**

Region VII SMOs revised May, 2016 can be viewed at www.regionviiems.com >> SMO

1. List the 4 parameters which are above the General Patient Assessment Section of Initial Medical Care – Protocol 1.
2. Discuss the indication, routes of administration, and minimum age for Zofran according to IMC.
3. Discuss Radio Contact and vital signs as listed in the IMC.
4. Discuss airway obstruction in an unconscious adult patient.
5. Discuss the protocol for adult pain control for moderate to severe pain, including max doses.

6. Discuss the criteria for Death/No resuscitation for the adult patient in cardiopulmonary arrest.

7. Your patient has ROSC following cardiac arrest. Discuss your initial assessment and care parameters.

8. List a minimum of 7 circumstances where resuscitation may be stopped following contact with medical control.

9. Discuss the treatment for V-fib / Pulseless V-tach.

10. Compare and contrast the treatment for narrow and wide complex tachycardias.

11. Discuss the treatment of an adult patient in PEA.
12. List a minimum of 5 possible causes of PEA including treatments.
13. Compare and contrast the treatment for unstable and stable bradycardias.
14. Discuss the treatment for suspected cardiac patient with chest pain.
15. Discuss the treatment for pulmonary edema comparing the three blood pressure parameters.
16. Compare and contrast the treatment for VAD / LVAD patients who have device failure or symptomatic dysrhythmias.

17. Discuss pediatric hemodynamic compromised vital signs (Field triage protocol).

18. List the assessments that should be made in determining whether a patient needs cervical immobilization.

19. Discuss the prehospital treatment of a “Code 26” patient.

20. Discuss the prehospital treatment for an amputated limb and the amputated part.

21. List the 5 P’s for assessing a crush injured patient.

22. Discuss the treatment for a crush injury.

23. Discuss the importance of the “W” positioning during treatment and transport.

24. List signs of hyperkalemia and the prehospital treatment per SMO.

25. Discuss the prehospital treatment of thermal burns.

26. List a minimum of 5 principles of management for trauma in pregnancy.

27. The initial fluid bolus for a pediatric trauma patient is: _____.

28. Discuss the prehospital treatment for an adult with acute asthma.

29. Compare and contrast the treatment for local and severe allergic reactions.

30. Discuss drug overdose and poisoning treatment.

31. Discuss the treatment for seizures.

32. List the assessments for the Cincinnati Stroke Scale and discuss normal and abnormal findings.

33. Discuss the prehospital treatment of a newborn who has the umbilical cord wrapped around their neck.

34. Summarize resuscitation and care of the newborn.

35. List the pediatric pain relief medications and include the dosage per kilograms.

36. Summarize management of a pediatric cardiac arrest.

- 37. Discuss treatment of a pediatric patient with anaphylaxis.

- 38. Discuss the treatment for pediatric seizures.

- 39. Discuss the correct documentation for patients who refuse treatment and refuse to sign a release.

- 40. List the indications for medication assisted intubation and list the medications and dosages that may be used.

- 41. Discuss the needle cricothyrotomy procedure.

- 42. Explain the procedure for securing a “concealed / carry firearm” on the ambulance.