

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 ACMC 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 ACMC 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
ACMC EMS System

3/1/2022

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 system & department) _____

ACMC Secondary: Yes

Today's Date: _____ Completion Deadline: _____

Entered in ACMC EMSS Data Base: Date _____ Initials _____

<u>In</u>	<u>Approved</u>	
_____	_____	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 _____
_____	_____	 \$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 (department joining)
_____	_____	Completed Cardiac rhythm interpretation study guide
_____	_____	Completed Medical math study guide
_____	_____	Completed current ALS SMO study guide

Note: ALL three study guides are **REQUIRED** for all system entry candidates. No exceptions. No typed copies will be accepted.

***** All of the above with the exception of ACLS 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.

3/1/22 djf

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

FOR OFFICE USE ONLY

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:

Email address added to database

Date: _____

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

Please print neatly

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone #: _____

Cell #: _____

E-Mail address: (PRINT) _____

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. _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| 2. _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| 3. _____ | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |

MEMORANDUM OF UNDERSTANDING

I understand that within ONE YEAR of entry into the ACMC EMS System, I must obtain or have obtained ACLS certification at least once. 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: _____

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

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. 210 pounds = _____ kg
2. 28 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. 1.4 grams = _____ mg
11. The dose of drug A is 0.05mg/kg for a patient weighing 30 kg. How many mg would you give?
12. The dose of drug B is 1mcg/kg for a patient weighing 56 pounds. How many mcg would you give?
13. The dose of drug C is 4ml/kg for a patient weighing 20 pounds. How many ml would you give?

14. You have 150mg/3ml. Medical control orders 300mg. How many ml would you give?

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

16. You have 10mg/ml. Medical control orders 3.5mg. 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 30mcg. 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 150mg/3ml. Medical control orders 5mg/kg. How many ml would you give a 15 kg patient?

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

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

23. You have 100mcg/2ml. Medical control orders 1mcg/kg. How many ml would you give a 23kg patient? How many ml for a 37kg pediatric patient?

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

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

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

 27. 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?

 28. Medical control instructs you to give 250 ml of fluid through a 10gtt/ml infusion set over 20 minutes. How many drops per minute is that? How many drops per second?

 29. Medical control instructs you to give 100ml of fluid through a 15gtt/ml infusion set over 10 minutes. How many drops per minute is that? How many drops per second?

 30. 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?

 31. 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 March, 2022 can be viewed at www.regionviiems.com > SMO

1. Discuss the protocols for adult & pediatric pain control.
2. Discuss the four (4) categories of adult respiratory distress.
3. Discuss the medications used to treat pediatric upper airway disease, including doses.
4. Discuss criteria for Death/No resuscitation for the adult patient in cardiac arrest.
5. Discuss the treatment & management of an adult in cardiogenic shock.

12. Compare & contrast treatment for stable & unstable bradycardia in adult & pediatric patients.

13. Discuss the treatment for suspected cardiac patient with chest pain.

14. Compare & contrast the treatment for VAD/LVAD patients who have device failure or problems with circulation and/or perfusion & the preferred transport site for these patients.

15. Discuss fluid bolus indications and dosing for pediatric and adult patients.

16. List the types of abuse that require EMS reporting as mandated reporters.

17. List the assessments that should be made in determining whether the patient requires spine motion restriction & discuss the procedure for maintaining during transport.

18. Discuss the treatment for a patient with a taser injury.

19. Discuss the criteria used to evaluate when assessing blast injuries.

20. Discuss the treatment for crush & suspension injuries.

21. Discuss the treatment of a patient with frostbite or cold emergency.

22. Discuss the assessment & treatment for an adult with uncontrolled hemorrhage & hemorrhagic shock, including indications & dosage of TXA.

23. Discuss the BP & MAP goals in the treatment of an adult head injury patient.

24. Discuss fluid resuscitation goals in the treatment of adult & pediatric burn patients.

25. Review RACE training video <https://youtu.be/xsfBq6Vhzh8> Discuss the components and scoring of the RACE stroke scale.

26. Discuss the contraindications of Nitrous Oxide administration.

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

28. Discuss drug overdose and poisoning treatment.

29. Discuss the criteria that requires Medical Control contact prior to obtaining a refusal of care.

30. Discuss the components & scoring of the Pediatric Glasgow Coma Scale (PGCS) & Pediatric Trauma Score.

31. Discuss the treatment for pediatric seizures.

32. Discuss the updated guidelines for treating a pediatric cardiac arrest.

33. List the pediatric pain medications, include dosage per kilogram.

34. Discuss the resuscitation & care of a newborn.

35. Discuss the treatment of patient with pre-eclampsia or toxemia.

36. Discuss assessment parameters & treatment of a suspected sepsis patient.

37. Discuss the preferred sites for needle decompression for pediatric & adult patients.

38. Discuss indications of use and normal ranges for capnography.

39. Discuss indications of use and dosing of Amiodarone in pediatric & adult patients.

40. Discuss indications of use, dosing & dilution procedure for Push-Dose Epinephrine.