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

5/1/2016

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**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__________

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

5/1/16 djf

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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: ______________________

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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

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MEMORANDUM OF UNDERSTANDING

I understand that within the FIRST YEAR of entry into the ACMC EMS System, I must obtain ACLS, PHTLS or equivalent (BTLS 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 __________________________________

____________________________________________________

____________________________________________________

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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:

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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): ________________________________
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.
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.

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

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.