

## Continuing Education QUIZ (1.5 hours CEU)

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### A Case of Unrecognized Pre-hospital Anaphylactic Shock

- 1) Anaphylaxis is defined as a severe allergic reaction to any stimulus with sudden onset and lasting less than 24 hours involving one or more body systems and producing any of the following symptoms **EXCEPT**:

- Hives
- Angioedema
- Headache
- Shortness of breath
- Vomiting

- 2) Patients defined as having SEVERE allergic reactions may have any of the following **EXCEPT**:

- Hypoxia
- Confusion
- Syncope
- Vomiting
- Hypotension

- 3) GI symptoms may be present in patients with allergic reactions. Which of the following is true concerning GI symptoms and allergic reactions?

- GI symptoms are present in 50-60% of patients with anaphylaxis
- Incontinence is associated with moderate allergic reactions
- Nausea, vomiting, and abdominal pain are associated with severe allergic reactions
- GI symptoms are present 25-40% of patients with anaphylaxis
- GI complaints are not a marker of severity of allergic reactions

- 4) Which of the following is appropriate first line therapy for anaphylaxis?

- Epinephrine (1:10,000) IM, 0.3-0.5 mg, q 5-20 minutes
- Epinephrine (1:1,000) IV, 0.1-0.5 mg slow IV push, q 5-20 minutes
- Diphenhydramine IV/IM/PO 25-50 mg, q 4-6 hours
- Epinephrine (1:1,000) IM, 0.3-0.5 mg, q 5-20 minutes
- Epinephrine (1:10,000) IV, 0.1-0.5 mg slow IV push, q 5-20 minutes

5) Which of the following is appropriate dosing for anaphylaxis treatment in pediatric patients?

- Epinephrine (1:1,000) IM, 0.1mg/kg (max 0.5mg), q 5-20 minutes
- Steroids (Methylprednisolone or Prednisone) IV, 0.5-1.0mg/kg q 4 hours
- Epinephrine (1:10,000) IV, slow push 0.01 mg/kg (max 1.0 mg) q 5-20 minutes
- Epinephrine (1:1,000) IM, 0.01 mg/kg (max 1.0 mg) q 5-20 minutes
- Epinephrine (1:10,000) IV, slow push 0.01 mg/kg (max 0.5 mg) q 5-20 minutes

6) Which of the following is true concerning presentation of a patient with anaphylaxis?

- Cutaneous findings are always present
- Patients must have urticaria, pruritis, angioedema, and wheezing to make diagnosis
- Patients will frequently provide history of exposure to specific allergens.
- Anaphylaxis should be considered with sudden onset of GI symptoms, unexplained shock, with or without cutaneous findings
- Dyspnea, wheezing and upper airway angioedema will be present in up to 80% of patients

7) All of the following are second line therapies for anaphylaxis **EXCEPT**:

- H2 receptor antagonists (Ranitidine or Famotidine)
- Corticosteroids
- Glucagon
- IV fluids
- Diphenhydramine