



TACTICAL EMERGENCY CASUALTY CARE

POST TEST STUDENT

2E VERSION 2



- 1) Which patient should be first for transport from the casualty collection point?
 - a) Tension pneumothorax relieved by needle decompression
 - b) Massive hemorrhage of the right arm controlled by a tourniquet
 - c) Unresponsive; penetrating wound to the head and exposed brain matter
 - d) Penetrating wound to the abdomen; unresponsive with absent radial pulses

- 2) You are the tactical medic for a SWAT team that is entering a building where an improvised explosive device (IED) has detonated. During the indirect threat phase, you encounter a male patient who is unconscious and lying on his back. The patient has obvious facial trauma and snoring respirations. What should you do first?
 - a) Perform a jaw thrust.
 - b) Sit the patient up and move to the next patient.
 - c) Insert a nasal airway.
 - d) Place the patient in the recovery position.

- 3) After placing an occlusive dressing over a large-caliber gunshot wound to the chest, your patient begins to experience increasing shortness of breath, anxiety, and tachycardia. What should you do?
 - a) Place a 14-gauge x 3.25-inch needle in the chest at the 3rd ICS at the sternal border.
 - b) Perform needle chest decompression.
 - c) Re-secure the occlusive dressing on four sides using medical tape.
 - d) Place a second occlusive dressing over the first.

- 4) A 16 year old male is found at the base of the steps during a mass shooting incident. The patient presents with altered mental status and blood leaking from his ears. What should you suspect?
 - a) Possible toxin ingestion
 - b) Traumatic brain injury
 - c) Hypoglycemia
 - d) Cardiac arrhythmia

- 5) Why is a properly inserted nasopharyngeal airway an effective method of maintaining an airway?
 - a) It prevents the patient from speaking and interrupting your assessment.
 - b) It prevents the tongue from sliding back and blocking the airway.
 - c) It can be used as a definitive airway.
 - d) It enables you to suction the airway.



- 6) A 34 year old officer was shot in the ankle and a tourniquet was applied. He is unresponsive after several doses of IM morphine. Vital signs are BP 118/68, P 104, R 8 and shallow. What should you administer?
- a) Epinephrine
 - b) Diphenhydramine
 - c) Naloxone
 - d) Flumazenil
- 7) Your RTF team is taking care of a casualty who has extensive facial trauma secondary to a gunshot wound. She is conscious and there is no suspected spinal injury. Your casualty complains of being uncomfortable, and she is attempting to sit up. What should you do?
- a) Allow her to sit up and lean forward as it may help open her airway.
 - b) Establish cervical spine procedures regardless.
 - c) Administer fentanyl IO to sedate her and manage pain.
 - d) Instruct her to remain supine because it is better for her.
- 8) A 25 year old male has a gunshot wound to the left leg. A tourniquet was applied to control bleeding and he is managing his airway. In the casualty collection point, he is anxious with a weak radial pulse and is shivering. What should you do?
- a) Remove wet clothing, and apply a thermal barrier.
 - b) Administer warmed blood product with a Ready Heat Blanket.
 - c) Administer warmed 1,000 ml IV infusion.
 - d) Initiate skin to skin contact warming.
- 9) Which patient requires the application of a tourniquet?
- a) 46 year old male motorcyclist with a closed femur fracture to the left leg; swelling and deformity to the thigh
 - b) 35 year old male with a gunshot wound to the right arm; bright red blood spurting from the wound
 - c) 23 year old male with a penetrating wound to the upper right chest; agonal respirations
 - d) 18 year old female with an open fracture to her wrist; dark blood oozing from the fracture area
- 10) Which parameters are appropriate for adult needle decompression and are documented to have a high success rate, especially in patients with higher body mass index (BMI)?
- a) Second intercostal space, midaxillary line, 14-gauge, 3.25 needle
 - b) Fifth intercostal space, anterior axillary line, 14-gauge, 3.25 needle
 - c) Fifth intercostal space, midaxillary line, 14-gauge, 1.25 needle
 - d) Second intercostal space, midclavicular line, 14-gauge, 1.25 needle



- 11) A police officer suffered blunt trauma to her abdomen after multiple handgun rounds struck her body armor without penetration. She has diffuse abdominal pain and bruising. She is awake, capable, and wants to help with casualty collection point security. How should you implement fluid resuscitation?
- a) Place a 14-gauge IV catheter and pressure infuse 20 ml/kg of crystalloid solution x 2 doses.
 - b) Begin a whole blood transfusion from one of the other law enforcement officers.
 - c) Encourage her to drink fluids and self-hydrate.
 - d) Establish humeral head IO access for aggressive fluid resuscitation.
- 12) A 28 year old officer was struck in the head while entering a hostile environment. Upon assessment, you note that he has an irregular respiratory pattern, elevated blood pressure, and a decreased pulse. At what level should you maintain this patient's capnography?
- a) 45–50 mm Hg
 - b) 30–35 mm Hg
 - c) Less than 30 mm Hg
 - d) 36–40 mm Hg
- 13) During an armored car robbery, a 37 year old male security guard was shot by the perpetrator and fell from his armored car. He suffered a penetrating wound to the left thigh with spurting blood and a fractured right wrist. What should you do?
- a) Apply high-flow oxygen.
 - b) Splint the right wrist
 - c) Utilize pressure point to stop the bleeding.
 - d) Apply a tourniquet to the left thigh.
- 14) A 35 year old male has suffered second-degree burns to his chest, arms, and face. He has singed facial hair and is complaining of severe pain and shortness of breath. His voice is raspy and you note audible stridor. Vital signs are BP 150/80, P 130, R 32 and shallow. What should you do?
- a) Establish IV access and begin fluid resuscitation.
 - b) Manually stabilize the spine.
 - c) Obtain the patient's room air SpO₂.
 - d) Administer high-flow oxygen via nonrebreathing mask.



- 15) After a mass-casualty incident, you are retriaging injuries. A 35 year old male with a gunshot wound to the upper right chest who was previously treated with a nonvented occlusive dressing is currently very anxious and complaining of difficulty breathing. What should you do?
- a) Perform needle decompression.
 - b) Place in position of comfort.
 - c) Manually burp the occlusive dressing.
 - d) Apply a second occlusive dressing.
- 16) During direct threat care, in which instance should you utilize rapid application of a tourniquet?
- a) An unconscious patient with a graze wound on his right upper arm that is lightly bleeding
 - b) A small child with a gunshot wound through his right hand that is minimally bleeding
 - c) A patient with a gunshot wound to her left thigh that has soaked through her clothing
 - d) A patient with a gunshot wound to the posterior left shoulder that is heavily bleeding
- 17) A 33 year old responder is bleeding heavily from a gunshot wound to the right chest. He complains of difficulty breathing and pain to the injured site. An active shooter is in the vicinity and you are in the warm zone. What should you do?
- a) Extract to a treatment area.
 - b) Apply a gloved hand over the injury then apply an occlusive dressing.
 - c) Start the chain of survival.
 - d) Perform needle decompression, midclavicular, between the 2nd and 3rd intercostal space.
- 18) What is a sign that your patient has a thoracic injury?
- a) Crepitus to the left side of the chest wall
 - b) Increased breath sound on the right side
 - c) Clammy skin
 - d) Wheezing
- 19) Law enforcement officers are called to the scene of a barricaded suspect. After securing the perimeter, officers watch the house for signs of movement. Suddenly, the suspect begins shooting with a rifle from his front window, and an officer is shot in the neck. He yells, "I'm hit!" What should you do?
- a) Stop the bleeding with a hemostatic dressing.
 - b) Stop the bleeding with direct pressure.
 - c) Wait for help from other officers.
 - d) Move off the X to cover.



- 20) A 27 year old male that was involved in an explosive event is brought to you for treatment. His airway is patent and high-flow oxygen has been administered. He has suffered full-thickness burns over approximately 40% of his body. Vital signs are BP 92/70, P 124, R 22. What should you do?
- a) Initiate rapid transport to a specialized burn center.
 - b) Obtain a SAMPLE history.
 - c) Obtain IV/IO access and begin fluid resuscitation.
 - d) Begin ventilations with a bag-mask device.
- 21) A 24 year old male police officer has a gunshot wound to right upper thigh with profuse bleeding. After application of a tourniquet, the bleeding is controlled. His skin is clammy and he has weak radial pulses with a respiratory rate of 28. He complains of severe pain from the tourniquet. What should you administer to manage the pain?
- a) Ketamine 20 mg IV
 - b) Oral transmucosal fentanyl lozenge at 800 mcg
 - c) Fentanyl 50 mg IV
 - d) Morphine 10 mg IM
- 22) In which location should a tourniquet or pressure bandage work?
- a) Carotid artery
 - b) Above the wrist
 - c) Underneath the arm or axilla
 - d) Femoral triangle
- 23) Which of the following is true of IV fluid administration?
- a) It should be administered to all casualties with traumatic injuries.
 - b) It should be administered only when necessary to maintain a systolic BP of 80 to 90 mm Hg.
 - c) 1 liter should be administered via large gauge catheter run wide open TKO.
 - d) It should be administered over PO fluids.
- 24) A 37 year old hostage exits a house and begins seizing. He has stopped seizing by the time you extract him. He is breathing at 24 breaths per minute with adequate chest rise and fall but he is still unresponsive. What should you do?
- a) Place him in the recovery position.
 - b) Roll him into a prone position.
 - c) Sit the patient up against a tree.
 - d) Keep the patient supine.



- 25) When preparing to move a casualty during the direct threat care phase, which factor(s) should you identify?
- a) The triage designation of the casualty
 - b) What injuries the casualty has sustained and the need for spinal immobilization
 - c) How much the casualty weighs
 - d) How many people are needed, where you are moving to, and how you are moving the casualty
- 26) In the indirect threat care/warm zone, you have just finished your MARCH algorithm and patient assessment on your wounded partner. As you are preparing for evacuation, you notice the patient is cold. What should you do?
- a) Complete a triage tag.
 - b) Splint extremities.
 - c) Administer antibiotics.
 - d) Cover with a blanket.
- 27) Prior to placing a casualty on a litter for evacuation, you observe significant swelling to the patient's left upper arm. Upon further examination, it is apparent that capillary refill is delayed, the extremity is cool to the touch, and the radial pulse is weak. What should you suspect?
- a) Hemorrhagic shock
 - b) Hypotension
 - c) Cardiac tamponade
 - d) Closed humeral fracture
- 28) When should foreign bodies be removed from the eye?
- a) Anytime there is a free moment
 - b) During the direct threat care phase
 - c) During the indirect threat care phase
 - d) After evacuation
- 29) A 23 year old male suffered an isolated penetrating eye injury prior to evacuation from the scene. What should you do in order to safely transport the patient?
- a) Cover the eye with a rigid eye shield.
 - b) Put safety goggles on the patient.
 - c) Assess his field of vision.
 - d) Tightly wrap pressure patches around both eyes.



- 30) Immediately after being shot during an active shooter situation, a responder is bleeding heavily from the right lower forearm. The second responder advises him to apply direct pressure to the wound and to self-evacuate behind a nearby vehicle. Which phase of care does this scenario illustrate?
- a) Tactical field care
 - b) Indirect threat care
 - c) Evacuation care
 - d) Direct threat care
- 31) The intervention of placing a nasopharyngeal airway in a casualty is best accomplished through the use of which of the following?
- a) Normal saline
 - b) Blood
 - c) Water-soluble lubricant
 - d) Vaseline
- 32) What is the most common initial presentation for a tension pneumothorax after chest trauma?
- a) Progressive dyspnea
 - b) Jugular venous distention
 - c) Deviated trachea
 - d) Drop in oxygen saturation
- 33) A 23 year old male presents with obvious distress and dyspnea, unilateral chest movement, and decreased SpO₂ at 87% following a suspected blast injury from a pipe bomb. He is speaking in one to two word sentences. What should you do?
- a) Begin needle decompression.
 - b) Place in the recovery position.
 - c) Provide positive-pressure ventilations.
 - d) Apply nonrebreathing mask at 15 lpm.
- 34) A 26 year old female has multiple puncture wounds to the thoracic cavity. Vital signs are BP 160/100, P 100 and regular, R 30 short and shallow, SpO₂ 94% on room air. What should you do?
- a) Give her a paper bag to help regulate her breathing back to normal.
 - b) Establish IV/IO access and deliver 1,000 ml of fresh whole blood.
 - c) Apply high-flow oxygen with a nonrebreathing mask.
 - d) Apply vented chest seal to appropriate areas



- 35) Why should hemostatic dressings be avoided during direct threat care?
- a) Time constraints make the procedure unsafe.
 - b) They take up too much space.
 - c) A tourniquet can control any life-threatening bleeding.
 - d) Assuring a patent airway is a greater priority than hemorrhage control in the hot zone.
- 36) A 36 year old male was a casualty during an explosion at a bank. He is responsive with burns to at least 20% of his total body surface area. His clothing is still smoldering. What should you do first?
- a) Assess for massive hemorrhage.
 - b) Stop the burning process
 - c) Wrap burn injuries in dry sterile dressings.
 - d) Assess for airway compromise.
- 37) After the scene of an explosion has been declared safe, you find a 19 year old male with 40% total body surface area burns with no visible signs of hemorrhage. His pulse is weak and he is only responsive to painful stimuli. What should you administer?
- a) Fluid via oral access
 - b) Antibiotics
 - c) Fentanyl IM
 - d) Fluid via IV/IO access
- 38) What size catheter should you use for needle decompression on an adult?
- a) 18-gauge, 1.25 inch (3.2 cm)
 - b) 16-gauge, 1.25 inch (3.2 cm)
 - c) 14-gauge, 3.25 inch (8.3 cm)
 - d) 10-gauge, 2 inch (5.1 cm)
- 39) A 25 year old male is short of breath following the deployment of a flash-bang device that caused a fire inside an apartment. He is breathing rapidly, audibly wheezing, and has soot around his lips. Vital signs are BP 140/90, P 120, R 36 and labored. What should you suspect?
- a) Tension pneumothorax
 - b) Asthma attack
 - c) Inhalation injury
 - d) Myocardial infarction



- 40) A 39 year old female casualty is bleeding from a junctional wound. What should you do?
- Pack the wound with a hemostatic dressing.
 - Administer 1 gram of TXA via IV infusion.
 - Apply a CAT tourniquet to the injured area.
 - Reposition the casualty to elevate the injured area.
- 41) A 45 year old male at the casualty collection point has multiple gunshot wounds to his lower extremities. A police officer has applied tourniquets prior to your arrival. He is slow to respond and mumbles his words. His radial pulse is weak. What should you do?
- Initiate IV or IO access.
 - Perform needle decompression.
 - Administer morphine via IM.
 - Hyperventilate using bag-mask device.
- 42) A casualty has been shot in the face. He is conscious, sitting up, leaning forward, and maintaining his own airway. What should you do?
- Apply a cervical collar to stabilize the spine.
 - Allow him to continue to sit up and lean forward as care is rendered.
 - Place him in the supine position and insert a nasopharyngeal airway.
 - Perform a surgical airway using a cricothyrotomy kit.
- 43) A 17 year old male was a victim of a blast injury. He is unconscious and moaning. He has multiple superficial lacerations along with a scalp laceration. What is an ideal systolic blood pressure to maintain for this patient?
- 90–110 mm Hg
 - 120–140 mm Hg
 - 140–160 mm Hg
 - 70–90 mm Hg
- 44) A 29 year old bystander has a gunshot wound to the upper right leg. A tourniquet was applied prior to arrival at the treatment area. He complains of severe leg pain. Vital signs are BP 110/50, P 100, R 24. What should you do?
- Reassess tourniquet effectiveness and administer 50 mg of ketamine IM.
 - Initiate an IV of normal saline and administer a 500 mL fluid bolus.
 - Continue to monitor casualty and move on to the next patient.
 - Administer 2 Tylenol 650 mg bilayer caplets PO and Meloxicam 15 mg PO.



- 45) A 38 year old female has lost approximately 1 liter of blood due to a gunshot wound to the upper thigh. The bleeding is controlled with a tourniquet, and the patient is pale, cool, and clammy. What type of shock should you suspect?
- a) Distributive
 - b) Hemorrhagic
 - c) Obstructive
 - d) Cardiogenic
- 46) What should you do to manage a burn if burn gel is inaccessible?
- a) Leave the burn area open if transport is less than 2 hours.
 - b) Leave the burn area open if transport is less than 1 hour.
 - c) Cover with wet sterile dressings.
 - d) Cover with dry sterile dressings.
- 47) A 30-year-old female with a calculated total body surface area burn of 60% presents with hypotension. When should fluid resuscitation be initiated?
- a) Only if patient is unconscious
 - b) Only after analgesia administration
 - c) As soon as IV/IO is established
 - d) During transport to the ED
- 48) A 29 year old male has a single gunshot wound to the pelvis. A junctional tourniquet was placed and appears to be effective. He is pale, has a weak radial pulse, and is screaming in pain. You have decided to provide pain management via IV/IO. What should you administer?
- a) Morphine, 10 mg
 - b) Morphine, 5 mg
 - c) Ketamine, 50 mg
 - d) Ketamine, 20 mg
- 49) You have treated a casualty for a sucking chest wound by applying a nonvented occlusive dressing. As you continue to monitor the casualty, you notice an increase in difficulty breathing. What should you do?
- a) Immediately intubate.
 - b) Apply another occlusive dressing.
 - c) Provide positive pressure ventilation.
 - d) Burp the occlusive dressing.



50) What effect does morphine have on the cardiovascular system?

- a) Causes vasodilation
- b) Increases cardiac output
- c) No cardiac effect
- d) Causes vasoconstriction