



WEEK 2 EXAM
Chapter 10

Multiple Choice

1. Trauma is the leading cause of death in the _____ population.
 - A. pediatric
 - B. adult
 - C. male
 - D. female
2. Trauma is generally classified into one of two categories:
 - A. open or closed.
 - B. blunt or penetrating.
 - C. penetrating or burns.
 - D. open or deceleration.
3. The energy associated with an object in motion is _____ energy.
 - A. dynamic
 - B. total
 - C. kinetic
 - D. Newtonian

4. Any of the following occurring at a traumatic scene should cause the CCTP to consider transport to a trauma center, EXCEPT:

- A. ejection from an automobile.
- B. falls greater than 10' (3.05 m).
- C. vehicle rollover with an unrestrained passenger
- D. extrication time greater than 20 minutes.

5. The four common triage categories are:

- A. immediate, delayed, minimal, and expectant.
- B. airway, breathing, circulation, and disability.
- C. delayed, rapid, minimal, and expectant.
- D. quick, delayed, minimal, and emergent.

6. The highest priority patients with red tags denote patients who need all of the following EXCEPT:

- A. immediate care.
- B. immediate transport.
- C. minor interventions, just pain medicine.
- D. treatment for ABC-related injuries.

7. Triage can only work when there is adequate training and a systematic approach is used that focuses upon clearly defined roles and responsibilities of:

- A. EMS providers.
- B. the interagency directors.
- C. all levels of management.
- D. incident command.

8. Which of the following is the highest score possible for a patient using the Glasgow Coma Scale (GCS)?

- A. 10
- B. 12
- C. 13
- D. 15

9. The revised trauma score replaced the trauma score because the survivability of patients with _____ could not be accurately predicted.

- A. multiple trauma
- B. severe head injury
- C. hypovolemia
- D. respiratory failure

10. Which of the following is NOT true of the revised trauma score?
- A. AVPU is used to assess level of consciousness.
 - B. Respiratory rate is measured.
 - C. Systolic blood pressure is measured.
 - D. Compensatory mechanisms may mask a hypotensive state.
11. Which of the following is NOT an effect of hypothermia on trauma patients?
- A. peripheral vasoconstriction
 - B. blunted response to catecholamines
 - C. impaired cellular immune response
 - D. an increase in platelet function
12. Hypothermia in trauma can be attributed to all of the following EXCEPT:
- A. the environment.
 - B. protocol baseline.
 - C. the injury itself.
 - D. the treatment provided.
13. Focused assessment with sonography for trauma (FAST) ultrasonography is used to identify the presence of:
- A. air in the pleural space.
 - B. air under the diaphragm.
 - C. intraperitoneal hematoma.
 - D. pericardial or intraperitoneal fluids.
14. Which of the following is NOT true of pneumothorax?
- A. It may become smaller if the patient is flown to the trauma center.
 - B. It may be open or closed.
 - C. It may be present in 15% to 50% of chest injuries.
 - D. It can occur internally from a sharp broken rib end.
15. Which of the following would NOT be considered as a differential diagnosis for respiratory distress in chest trauma patients?
- A. flail chest
 - B. tension pneumothorax
 - C. cardiac tamponade
 - D. hemothorax

16. Common signs and symptoms seen in tension pneumothorax include:
- A. dyspnea, bradycardia, and tachypnea.
 - B. dyspnea, diminished or absent breath sounds, and anxiety.
 - C. increasing peak airway pressure, dyspnea, and frothy sputum.
 - D. dyspnea, bradypnea, and bradycardia.
17. Management of tension pneumothorax is performed by:
- A. immediate endotracheal intubation.
 - B. high-flow oxygen.
 - C. immediate needle decompression.
 - D. left lateral recumbent positioning.
18. Jugular venous distension (JVD) is not always seen in patients with tension pneumothorax due to:
- A. hypovolemia.
 - B. hypotension.
 - C. hypokalemia.
 - D. hypoventilation.
19. A minimum of _____ of blood in the thoracic cavity is considered a massive hemothorax.
- A. 750 mL
 - B. 1,000 mL
 - C. 1,300 mL
 - D. 1,500 mL
20. Which of the following signs and symptoms are usually seen with hemothorax?
- A. agitation, hypoxia, hypotension, and hemoptysis
 - B. agitation, tympany to percussion, hypotension, and JVD
 - C. agitation, increasing central venous pressure (CVP), hypotension, and JVD
 - D. agitation, hemoptysis, dysarthria, and hypertension

Chapter 11

21. Impact that occurs on one side of the head and causes injury internally to the opposite side of the brain as it moves inside the cranium is called a:
- A. diffuse axonal injury.
 - B. concussion.
 - C. contrecoup injury.
 - D. secondary brain injury

22. The pathophysiology of traumatic brain injury (TBI) emphasizes the importance of which two types of injury?
- A. direct and indirect
 - B. hypoxia and ischemia
 - C. physiologic derangement and loss of consciousness
 - D. swelling and vasospasm
23. All of the following secondary brain injuries represent a systemic origin EXCEPT:
- A. hypoxia.
 - B. hypercarbia.
 - C. hyponatremia.
 - D. hematoma.
24. Current guidelines identify the ideal cerebral perfusion pressure (CPP) to be:
- A. 15 to 25 mm Hg.
 - B. 30 to 40 mm Hg.
 - C. 45 to 60 mm Hg.
 - D. 50 to 70 mm Hg.
25. Skull fractures occur as a result of a direct, high-force blow to the cranium; they are present in what percentage of patients with a TBI?
- A. more than 50%
 - B. 35%
 - C. 45%
 - D. less than 25%
26. Which of the following represents the three types of depressed skull fractures?
- A. stellate, ping-pong ball, and linear
 - B. ping-pong ball, true, and flat
 - C. elevated, ping-pong ball, and true
 - D. linear, true, and flat
27. An epidural hematoma is often the result of a blow to the temporal region of the skull that involves:
- A. the bridging veins of the skull.
 - B. the middle meningeal artery.
 - C. the anterior fossae artery.
 - D. the vertebral artery.

28. Rapid deterioration of level of consciousness is a hallmark sign of:
- A. epidural hematoma.
 - B. subarachnoid hematoma.
 - C. cerebellar infarction.
 - D. subdural hematoma.
29. Acute subdural hematoma (SDH) occurs within which of the following time frames?
- A. 2 hours
 - B. 6 hours
 - C. 12 hours
 - D. 24 hours
30. Subacute subdural hematoma signs appear usually between:
- A. 2 to 14 days.
 - B. 1 to 7 days.
 - C. 3 to 5 days.
 - D. 2 to 7 days.
31. The patient with a subarachnoid hemorrhage will usually present with the following signs and symptoms EXCEPT:
- A. slurred speech.
 - B. the worst headache of his or her life.
 - C. hypoxia.
 - D. aphasia.
32. The clinical presentation of diffuse axonal injury (DAI) usually begins with:
- A. confusion.
 - B. pupillary changes.
 - C. amnesia.
 - D. immediate unconsciousness.
33. The Monroe-Kellie doctrine describes the contents of the cranial vault as:
- A. brain, neurons, and blood.
 - B. brain, blood, and cerebrospinal fluid.
 - C. cerebrospinal fluid, air, and blood.
 - D. brain, blood, and air.

34. Which of the following is FALSE concerning CPP?
- A. CPP should be maintained between 50 to 70 mm Hg.
 - B. Maintaining a mean arterial pressure (MAP) of 50 mm Hg is a target goal.
 - C. Keep systolic blood pressure from dropping below 90 mm Hg.
 - D. Lowering the intracranial pressure (ICP) is helpful in maintaining adequate CPP.
35. As ICP rises to the level of arterial pressure, the cascade of events known as Cushing's triad begins. Cushing's triad is BEST described as:
- A. widened pulse pressure, bradycardia, and abnormal respiratory pattern.
 - B. MAP greater than 120 mm Hg, tachycardia, and abnormal respiratory pattern.
 - C. tachypnea, widened pulse pressure, and tachycardia.
 - D. apnea, bradycardia, and systolic blood pressure greater than 180 mm Hg.

Chapter 12

36. Inflammatory changes in the airway occur within:
- A. 15 minutes.
 - B. 30 minutes.
 - C. 1 hour.
 - D. 2 hours.
37. Inhalation should always be expected in all of the following EXCEPT:
- A. facial burns.
 - B. high-voltage electrical shock.
 - C. carbonaceous sputum.
 - D. stridor or progressive hoarseness.
38. Eschar is BEST described as:
- A. a deep subdermal burn.
 - B. an emergent procedure to facilitate chest wall expansion.
 - C. the leathery, dried out covering of a burn injury.
 - D. the withholding of oxygen from a burn patient with chronic obstructive pulmonary disease (COPD).
39. A patient with carbon monoxide poisoning:
- A. does not usually appear hypoxic.
 - B. presents with cherry-red skin.
 - C. presents with extreme cyanosis.
 - D. will not usually benefit from hyperbaric therapy.

40. A variety of causes are thought to result in decreased cardiac output in burned patients, including all of the following EXCEPT:

- A. constrictive cardiomyopathy.
- B. the inflammatory response and its mediators.
- C. cyanide poisoning.
- D. carbon monoxide poisoning.

41. Blood transfusions should be considered for patients with hemoglobin levels of:

- A. 9 g/dL.
- B. 10 g/dL.
- C. 11 g/dL.
- D. 12 g/dL.

42. Cooling is only effective if performed within the first 2 minutes and does not continue for longer than:

- A. 5 to 10 minutes.
- B. 10 to 15 minutes.
- C. 15 to 20 minutes.
- D. 20 to 30 minutes.

43. Although succinylcholine (Anectine) is the drug of choice in rapid sequence intubation (RSI), it is contraindicated in patients with burn injuries greater than _____ hours old.

- A. 24
- B. 48
- C. 72
- D. 96

44. In a failed intubation attempt with a burn patient, the CCTP should be prepared to:

- A. perform a surgical airway intervention.
- B. place a rescue airway.
- C. perform an escharotomy.
- D. ventilate using a bag-valve-mask device.

45. An unsuccessful intubation is defined as _____ attempt(s) by the most experienced person.

- A. one
- B. two
- C. three
- D. more than three

46. The idea of early, aggressive, sustained _____ in burn patients is a very unique perspective reserved for burn patients.
- A. airway choices
 - B. fluid management
 - C. narcotic administration
 - D. hypothermia control
47. The larger the body surface area involved in a burn:
- A. the greater the fluid loss from the vascular compartment.
 - B. the less chance of fluid loss from the vascular compartment.
 - C. the more fluid shifts into the vascular compartment.
 - D. the greater the need for a suprapubic catheter.
48. Which of the following is the MOST commonly used resuscitation formula the first 24 hours after a burn?
- A. Brooke formula
 - B. Parker's formula
 - C. Parkland formula
 - D. Cincinnati formula
49. Which of the following is the BEST monitor of fluid replacement in adults, children, or neonates?
- A. heart rate
 - B. urine output
 - C. clear breath sounds
 - D. absence of myoglobinuria
50. Signs and symptoms of an ileus include all of the following EXCEPT:
- A. absent breath sounds.
 - B. abdominal distension.
 - C. discomfort.
 - D. vomiting.
51. Renal dysfunction that results from the mobilization of muscle proteins that impair filtration is a condition known as:
- A. myoglobinuria.
 - B. methylglobinuria.
 - C. rhabdomyoglobin.
 - D. rhabdomyolysis.

52. If chemical burns of the eyes are present, the eyes should be irrigated for at least:
- A. 10 minutes or until the conjunctival sac pH has returned to 8.
 - B. 10 minutes or until the conjunctival sac pH has returned to 7.
 - C. 20 minutes or until the conjunctival sac pH has returned to 8.
 - D. 20 minutes or until the conjunctival sac pH has returned to 7.
53. The procedure in which an incision is made through stiff edematous burned skin to restore mobility to the chest or the circulation to an extremity is called:
- A. escharectomy.
 - B. escharotomy.
 - C. fasciotomy.
 - D. fasioectomy.
54. Ice packs applied to burned hands or feet may lead to:
- A. vasoprotection.
 - B. microvascular protection.
 - C. frostbite.
 - D. a smaller line of demarcation.
55. A patient with high-voltage electrical burns may need:
- A. a transfusion.
 - B. an escharotomy.
 - C. occult bleeding.
 - D. steroid therapy.
56. Children have relatively more surface area per kilogram than adults, which necessitates:
- A. judicious fluid administration.
 - B. frequent fluid replacement.
 - C. extreme care in fluid replacement.
 - D. higher rates of fluid resuscitation.
57. Improper technique in performing an escharotomy may lead to both:
- A. bleeding and exaggerated range of motion.
 - B. nerve damage and exaggerated range of motion.
 - C. nerve damage and infection.
 - D. infection and exaggerated range of motion.

58. Hydrofluoric acid is treated topically, after irrigation, by the use of:
- A. potassium stearate.
 - B. calcium gluconate.
 - C. phosphorous.
 - D. petroleum jelly.
59. Dry lime mixed with _____ may cause an exothermic reaction that leads to burns.
- A. air
 - B. carbon dioxide
 - C. water
 - D. oxygen
60. In chemical burns, blisters should always be:
- A. broken.
 - B. covered with gauze.
 - C. dissected.
 - D. debrided.
61. Stevens-Johnson syndrome is a milder form of:
- A. toxic shock syndrome.
 - B. toxic lung dysplasia syndrome.
 - C. toxic lysis of adhesions syndrome.
 - D. toxic epidermal necrolysis syndrome.
62. Stevens-Johnson syndrome is caused by all of the following EXCEPT:
- A. postcardiopulmonary arrest.
 - B. certain medications.
 - C. environmental allergens.
 - D. other unknown toxins.