

Chapter 1 - Trauma Team from Prehospital through the Emergency Department Test Questions

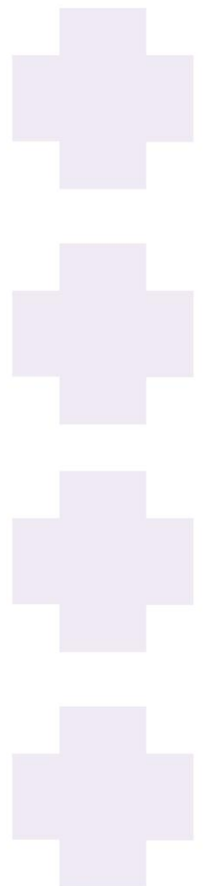
1. As the prehospital provider approaches the scene of a trauma call, they perform
 - a. a radio transmission to the hospital
 - b. a scene size up
 - c. an estimate of neck size for c-collar
 - d. an estimate of victim's height and weight

2. Field intubation has been proven to improve outcome in
 - a. patients with BP less than 90 mm Hg
 - b. patients with GCS less than 9
 - c. patients with acute respiratory distress
 - d. none of the above

3. A proven technique of hemorrhage control is
 - a. Direct pressure
 - b. Elevate above the heart
 - c. Pressure points
 - d. Cold application

4. Prehospital care for apparent pelvic fractures includes
 - a. DO NOT ROCK or palpate the pelvis in the prehospital arena
 - b. Avoid log rolling as much as possible
 - c. Apply splint if in your area protocols
 - d. All of the above

5. Most preventable deaths in trauma care are due to
 - a. Delay in CPR
 - b. Cardiac tamponade
 - c. Airway obstruction
 - d. Tension pneumothorax



6. For resuscitation to occur, there must be
 - a. Cellular perfusion and tissue oxygenation
 - b. Restoration of a blood pressure greater than 90mm Hg
 - c. A hemoglobin greater than 9g/dL
 - d. A PaO₂ greater than 80 mm Hg

7. The Trauma Triad of Death is
 - a. Hypotension, tachycardia and decreased urine output
 - b. Infection, inadequate nutrition, DVT's
 - c. Hypothermia, acidosis and coagulopathy
 - d. Splenic, pelvic and head injuries.

8. A plain pelvic x-ray should be performed on all
 - a. trauma patients
 - b. patients with head injury
 - c. patients with multiple injuries
 - d. patients over 65 years old.

9. Primary screening for cervical spine injuries is
 - a. CT scan
 - b. Cross table lateral C-spine
 - c. Swimmer's view C-spine
 - d. MRI

10. Persistent metabolic acidosis in a trauma patient may indicate
 - a. Hyperventilation
 - b. Continued bleeding
 - c. Severe head injury
 - d. Hyperthermia