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