

ATLS Practice Test 5

1. A 30-year-old female has severe maxillofacial trauma and gurgling respirations. She is hemodynamically stable without obvious severe hemorrhage. The first airway maneuver should be:
 - a. blind nasotracheal intubation
 - b. suctioning, jaw thrust, then O₂
 - c. immediate surgical airway
 - d. RSI with cricoid pressure
 - e. C-spine radiographs
2. Considerations in geriatric trauma include:
 - a. tachycardia is reliable indicator of shock despite beta-blocker usage.
 - b. no CPR
 - c. anticoagulants rarely matter
 - d. pain control should be withheld
 - e. lower physiologic reserve; avoid permissive hypotension; high index for occult injury
3. Which is **true** concerning electrical burns?
 - a. ECG, CK, and renal function may need to be monitored
 - b. rhabdomyolysis is rare if voltage is under 2,000 volts
 - c. only superficial damage is done if duration is less than one second
 - d. they never cause compartment syndrome
 - e. the Rule of Nines guides management
4. A 42-year-old male drowning victim is hypoxic and confused with a GCS of 8. What should be the **next** step after attempted artificial respiration?
 - a. Heimlich maneuver
 - b. observe
 - c. oxygenation and RSI
 - d. diuretics
 - e. antibiotics
5. A 35-year-old female has second and third degree burns covering 50% TBSA and soot in the mouth. What is the priority in management?
 - a. observe
 - b. early intubation
 - c. CPAP
 - d. cricothyroidotomy now
 - e. cooling bath

6. A 50-year-old male involved in a motor vehicle collision presents with the seat belt sign. He has stable vital signs, but abdominal tenderness. The primary survey, including FAST, is essentially normal. In the secondary survey, what diagnostic mode would be most appropriate?
 - a. DPL
 - b. chest and abdominopelvic CT with IV contrast
 - c. complete abdominal ultrasound
 - d. MRI
 - e. abdominal radiograph
7. In the above patient, which labs should be monitored?
 - a. lipase
 - b. D-dimer
 - c. troponin
 - d. lactate, WBC, lipase
 - e. glucose and ketones
8. A ventilated trauma patient develops acute hypotension and desaturation. The most likely cause to treat first is:
 - a. myocardial contusion
 - b. hemothorax
 - c. cardiac tamponade
 - d. pulmonary contusion
 - e. tension pneumothorax
9. A 32-year-old female sustained a crush injury to her leg. She now has dark urine and rising creatinine. First-line management includes:
 - a. fluid restriction
 - b. aggressive IV fluids and monitor Cr, electrolytes, and ECG
 - c. immediate dialysis for all
 - d. No role for ECG monitoring
 - e. IVP
10. A 50-year-old male sustains a closed femur fracture. He is hemodynamically stable, but his foot is cool and pulseless. What is the immediate **next** step?
 - a. CT angiography and vascular surgery consult
 - b. gentle alignment, traction splint, and reassess pulses
 - c. open reduction and internal fixation
 - d. observation
 - e. thrombolysis

11. Referring to the above case, his foot remains cool and pulseless. What is the most appropriate **next** step?
 - a. CT angiography and vascular surgery consult
 - b. gentle alignment, traction splint, and reassess pulses
 - c. open reduction and internal fixation
 - d. observation
 - e. thrombolysis
12. Regarding compartment syndrome, which is **true**?
 - a. paresthesia alone is diagnostic
 - b. delayed capillary refill is an early sign
 - c. pulses are always absent
 - d. it is treated by elevating the limb above the head
 - e. pain is out of proportion and worse with passive stretch
13. The best leadership behavior in a resuscitation is:
 - a. silent observation while other team members carry out their tasks as they see fit
 - b. delegate everything with no oversight
 - c. closed-loop communication, role assignment, and summary updates
 - d. allow multiple commands at once from all present
 - e. only the leader may speak and the other team members must only do what the leader orders them to do
14. Which one of the following statements is **correct**?
 - a. Cerebral contusions may coalesce to form an intracerebral hematoma.
 - b. Epidural hematomas are usually seen in the frontal region.
 - c. Subdural hematomas are caused by injury to the middle meningeal artery.
 - d. Subdural hematomas typically have a lenticular shape on CT scan.
 - e. The associated brain damage is usually less severe in epidural hematomas.
15. A 22-year-old female sustained a pelvic fracture. There is blood at the urethral meatus. After applying a pelvic binder, she is hemodynamically stable. The most appropriate next step in management is:
 - a. insert a Foley catheter
 - b. TXA
 - c. CT cystogram
 - d. retrograde urethrogram
 - e. ultrasound

16. An MVC victim is diagnosed with a right hemothorax. Tube thoracostomy is performed and drains 1,800 mL of blood immediately. After transfusing 2 L of whole blood, the patient's vital signs are stabilized. In the primary survey, xABCDE seem otherwise controlled. What is the **next** crucial step?
 - a. observe
 - b. autotransfusion
 - c. thoracotomy
 - d. increase suction in chest tube
 - e. bolus 2 L of lactated Ringer's
17. Permissive hypotension is most appropriate in:
 - a. blunt TBI with suspected ICP elevation
 - b. penetrating torso hemorrhage without TBI signs
 - c. isolated long-bone fracture
 - d. geriatric patient on anticoagulants
 - e. pregnant patients
18. A bus carrying 40 people careens off an overpass in a rural area. EMS initiate disaster triage. Which of the following is considered to be in the "Immediate" (Red) category?
 - a. victim walking with minor lacerations
 - b. victim apneic after airway repositioning
 - c. victim with respirations 32/min, delayed capillary refill, unable to follow commands
 - d. victim deceased
 - e. victim with 90% TBSA burns
19. If a retrograde urethrogram shows disruption of the urethra, what is a reasonable option?
 - a. insert a suprapubic catheter
 - b. insert a Foley catheter under fluoroscopic guidance
 - c. sedate the patient
 - d. observe
 - e. hope the patient can void naturally
20. A 56-year-old male sustains a knife wound to the spleen. He is otherwise stable and without signs of peritonitis. Appropriate management is:
 - a. laparotomy with spleen repair
 - b. non-operative management with monitoring
 - c. DPL
 - d. angioembolization
 - e. splenectomy

21. Referring to the previous case, if he shows signs of continual hemorrhage (e.g. vital signs, physical exam, FAST), what would be a reasonable course of action short of laparotomy?
- angioembolization
 - CTA
 - non-operative management with monitoring
 - TXA
 - specific anticoagulant antidote
22. After a splenectomy, which vaccines are recommended?
- none
 - pneumococcal, meningococcal, and Haemophilus influenzae type b (Hib)
 - diphtheria and pertussis
 - Hepatitis A and B
 - diphtheria, pertussis, and tetanus
23. Neurogenic shock has all of the following characteristics **except** which?
- hypotension
 - vasodilation
 - bradycardia
 - neurologic deficit
 - narrowed pulse pressure
24. A 58-year-old male pedestrian, struck by an automobile, is admitted to the emergency department one hour after injury. His blood pressure is 80/60 mm Hg, heart rate is 140 beats per minute, and respiratory rate is 36 breaths per minute. He is lethargic. Oxygen is delivered via face mask, and two large-caliber IVs are initiated. Arterial blood gases are obtained. His PaO₂ is 118 mmHg (15.7 kPa), PaCO₂ is 30 mm Hg (4.0 kPa), HCO₃⁻ is 23, and pH is 7.21. The treatment of his acid-base disorder is best accomplished by:
- hyperventilation
 - restoration of normal perfusion
 - initiation of low-dose dopamine
 - administration of sodium bicarbonate
 - initiation of phenylephrine infusion
25. A 28-year-old male was working on the underside of his car when the blocks holding the car up gave way and the car came down onto his sternum. After the primary survey and management of life-threatening conditions, what measures should be carried out to detect blunt cardiac injury?
- echocardiography only
 - serial ECGs and troponin levels; echocardiography if abnormal.
 - serial CK and LDH
 - cardiac catheterization
 - nuclear medicine myocardial perfusion imaging

26. A 41-year-old female was stabbed in the abdomen 30 minutes ago. Initial resuscitative efforts fail to stabilize her. A FAST scan shows free fluid throughout the peritoneal space. In the primary survey, xAB are controlled. The **next** step should be:
- CT with IV contrast
 - pelvic binder
 - close observation in the ICU
 - DPL
 - immediate laparotomy
27. In a patient with a spinal cord injury, sacral sparing
- refers to a pelvic fracture sparing the sacrum
 - is part of the spinal shock syndrome
 - is a good prognostic sign
 - is a poor prognostic sign
 - occurs only with complete transection of the lumbosacral spinal cord
28. An 18-year-old motorcyclist collides head-on with a pick-up truck and sustains massive facial injuries. In the emergency department his blood pressure is 150/38mm Hg, heart rate is 88 beats per minute and regular, and respiratory rate is 26 breaths per minute. His respirations are labored and sonorous. His Glasgow Coma Scale score is 7. Attempts at orotracheal intubation with restriction of cervical spinal motion are unsuccessful due to bleeding and distorted anatomy. The patient becomes apneic. The best procedure for airway management in this situation is:
- nasotracheal intubation
 - emergency tracheostomy
 - surgical cricothyroidotomy
 - placement of an oropharyngeal airway
 - placement of NPA
29. The most common acid-base disturbance encountered in injured pediatric patients is due to
- hemorrhage
 - changes in ventilation
 - renal failure
 - injudicious sodium bicarbonate administration
 - insufficient sodium chloride administration
30. Which of the following statements is **true**?
- The laryngeal mask airway is an infraglottic device.
 - The multilumen esophageal airway occludes the supraglottic lumen and ventilates through the port placed distal to the vocal cords.
 - The nasopharyngeal airway is an ideal supraglottic device for patients with cribriform plate fractures.
 - Sustained capnographic detection of exhaled CO₂ is the best practical indicator to confirm successful intubation.
 - Tracheostomy tubes are placed in the supraglottic space.

31. A 32-year-old female who is in the third trimester of pregnancy presents following a car crash. Paramedics report vaginal bleeding. After xABCDE, what is the **next** step in her management?
- assess fetal heart sounds
 - check for fetal movement
 - perform inspection of the cervix.
 - insert a wedge under the patient's right hip
 - assess for uterine contractions
32. A 16-year-old male is brought to the emergency department after having been shot. He has one bullet wound just below the right clavicle and another just below the costal margin in the right posterior axillary line. His blood pressure is 110/60 mm Hg, heart rate is 90 beats per minute, and respiratory rate is 34 breaths per minute. After ensuring a patent airway and inserting two large-caliber IV lines, the **next** appropriate step is to:
- obtain a portable chest x-ray
 - administer a bolus of additional IV fluid
 - perform a laparotomy
 - obtain an abdominal CT scan
 - perform diagnostic peritoneal lavage
33. A 55-year-old male is brought to the hospital after sustaining partial- and full-thickness burns involving 60% of his body surface area. General surgical services are available. His right arm and hand are severely burned. There are obvious full thickness burns of the entire right hand and a circumferential burn of the right arm. Pulses are absent at the right wrist and are not detected by Doppler examination. Management should include:
- fasciotomy
 - angiography
 - escharotomy
 - heparinization
 - tangential excision
34. A 49-year-old female is brought to the hospital after a fall from her bicycle. She was initially unconscious and then regained consciousness en route to the hospital. Thirty minutes after admission to the emergency department, her Glasgow Coma Scale score decreases to 6. Her right pupil is larger than the left. She most likely has sustained:
- a subdural hemorrhage
 - an epidural hemorrhage
 - an occipital hemorrhage
 - a subarachnoid hemorrhage
 - an intracerebellar hemorrhage

35. Which one of the following statements is **false** concerning Rh isoimmunization in pregnant trauma patients?
- a. It occurs in blunt or penetrating abdominal trauma.
 - b. It is produced by minor degrees of fetomaternal hemorrhage.
 - c. Initiation of Rh immunoglobulin therapy does not require proof of fetomaternal hemorrhage.
 - d. Isoimmunization is not a problem in Rh-positive pregnant patients.
 - e. Rh immunoglobulin therapy must be administered to pregnant females who have sustained a gunshot wound to the lower leg.
36. All of the following are signs of aortic rupture on chest x-ray of a patient who sustained a blunt decelerating trauma **except** which one?
- a. mediastinal emphysema
 - b. presence of a pleural cap
 - c. obliteration of the aortic knob
 - d. deviation of the trachea to the right
 - e. depression of the left mainstem bronchus
37. A 17-year-old athlete is involved in a motorcycle crash. When he arrives in the emergency department, he shouts that he cannot move his legs. On physical examination, there are no obvious abnormalities of the chest, abdomen, or pelvis. The patient has no sensation in his legs and cannot move them, but his arms are moving. The patient's respiratory rate is 22, heart rate is 88, and blood pressure is 80/60 mm Hg. He is pale and sweaty. What is the most likely cause of his hypotension?
- a. neurogenic shock
 - b. cardiac tamponade
 - c. hemorrhagic shock
 - d. hyperthermia
 - e. myocardial contusion
38. An 85-year-old female on warfarin for atrial fibrillation presents having fallen at home and sustaining mild head trauma. The primary survey is normal. As a precaution, a noncontrast head CT is done, which shows a small subdural hematoma. Her INR is 3.1. What is a reasonable **next** step?
- a. discontinue the warfarin until further notice
 - b. discontinue the warfarin until further notice and reverse the anticoagulation with FFP or PCC
 - c. wait for neurosurgery
 - d. give furosemide IV
 - e. RSI then hyperventilation

39. A 23-year-old male presents with a sucking chest wound. What **immediate** treatment should be done for this?
- a. 3-sided occlusive dressing
 - b. insertion of a chest tube
 - c. chest radiograph
 - d. thoracotomy
 - e. complete occlusion with a pressure dressings
40. A 5-year-old male apparently fell off monkey bars at a playground. His GCS is 7. He has a unilateral dilated pupil, bradycardia, and hypertension. What is the immediate **next** step?
- a. place in Trendelenburg position
 - b. Burr holes in the ED
 - c. IV Mannitol
 - d. head CT
 - e. RSI with brief hyperventilation