

ATLS Practice Test 8

1. A resuscitation team fails to recognize worsening shock because each member is focused only on their specific task. What best describes this failure?
 - a. Task fixation due to cognitive overload
 - b. Poor leadership delegation
 - c. Inadequate resource allocation
 - d. Lack of structured briefing
 - e. Failure of situational awareness

2. A 17-year-old male with severe TBI (GCS 5, fixed left pupil) arrives at a rural emergency department. Intubation is successful, and vital signs are stable on ventilator support. CT scan confirms a large subdural hematoma. The nearest neurosurgical facility is 4 hours away. Which of the following is the priority during transfer preparation?
 - a. Hyperventilate to PaCO₂ <25 mmHg before transfer
 - b. Ensure sedation and paralysis for transport
 - c. Insert an ICP monitor to guide resuscitation
 - d. Administer mannitol or hypertonic saline as indicated
 - e. Delay transfer to place arterial and central venous lines

3. A 35-year-old construction worker falls 6 meters. He has bilateral calcaneal fractures. What additional injury should be suspected?
 - a. Cervical spine fracture
 - b. Thoracic aortic injury
 - c. Lumbar spine fracture
 - d. Pelvic fracture
 - e. Liver rupture

4. A 37-year-old man after blunt trauma has a GCS of 7. Which statement is most accurate?
 - a. Definitive airway control is indicated
 - b. Intubation should be delayed until CT scan is complete
 - c. Only supplemental O₂ is required
 - d. Observation with serial neurological checks is appropriate
 - e. Hyperventilation is the first-line of therapy

5. A 29-year-old man presents after a stab wound to the left chest. He is tachycardic and hypotensive. Chest tube is placed, draining 1,600 mL of blood immediately. What is the most appropriate next step?

- a. Continue tube thoracostomy and observe output
 - b. Autotransfuse the blood and continue resuscitation
 - c. Urgent thoracotomy
 - d. CT scan of the chest
 - e. eFAST examination of the chest and abdomen
6. A 70-year-old man presents after a fall with rib fractures. He is on chronic opioids for back pain. After initial resuscitation, he is hypoventilating with hypoxemia. What is the most important next management priority?
- a. Intubate immediately and transfer to ICU
 - b. Optimize multimodal pain control to facilitate pulmonary toilet
 - c. Start high-dose opioids to control pain
 - d. Administer prophylactic antibiotics for pneumonia prevention
 - e. Discharge if he maintains oxygen saturation >90% on room air
7. A 76-year-old woman presents with head trauma after a ground-level fall. She is alert and has no focal neurological deficits. She is on apixaban for atrial fibrillation. CT shows a small subdural hematoma. What is the next best step?
- a. Discharge home with close family observation
 - b. Admit for observation and initiate anticoagulant reversal
 - c. Repeat CT scan in 24 hours without admission
 - d. Begin prophylactic hyperventilation to lower ICP
 - e. Schedule elective neurosurgical follow-up in 2 weeks
8. Which of the following best reflects adequate resuscitation in trauma patients?
- a. Return of normal urine output (>0.5 mL/kg/hr)
 - b. Normal blood pressure
 - c. Resolution of tachycardia
 - d. Normal hematocrit
 - e. Normal ketones
9. A 45-year-old woman sustains burns to her entire right arm and entire back. Using the Rule of Nines, what is the %TBSA burned?
- a. 9%
 - b. 18%
 - c. 27%
 - d. 36%
 - e. 45%

10. A 27-year-old woman is brought to the ED after multiple gunshot wounds to the abdomen. She is unresponsive, pulseless, with organized electrical activity on the monitor. CPR is ongoing. Which intervention is most appropriate?
 - a. Massive transfusion protocol and REBOA
 - b. Emergency department thoracotomy
 - c. Bilateral chest tube placement
 - d. Immediate intubation and mechanical ventilation
 - e. Laparotomy in the operating room
11. A 27-year-old man is struck by a vehicle. On arrival, he is unresponsive (GCS 6), RR 10, pulse 130, BP 80/50, SpO₂ 88%. There is active bleeding from a thigh wound. What is the first priority action in this patient?
 - a. Apply a pelvic binder
 - b. Rapid sequence intubation with in-line stabilization
 - c. Control external hemorrhage with direct pressure and possibly a tourniquet
 - d. Establish two large-bore IVs and initiate balanced transfusion
 - e. Insert a chest tube to prevent tension pneumothorax
12. A 45-year-old woman is brought in after a rollover MVC. She is obtunded, has snoring respirations, SpO₂ 84% despite jaw thrust, HR 120, BP 90/60. What is the next best step?
 - a. Insert a nasopharyngeal airway
 - b. Perform rapid sequence intubation with in-line cervical stabilization
 - c. Obtain CT of the head before intubation
 - d. Insert an oropharyngeal airway and observe
 - e. Administer high-flow nasal oxygen and reassess in 5 minutes
13. A 70-year-old woman falls and sustains a displaced femoral neck fracture. She is alert and vital signs are stable. Which complication is most concerning if definitive repair is delayed?
 - a. Fat embolism
 - b. Deep venous thrombosis (DVT)
 - c. Avascular necrosis of femoral head
 - d. Infection
 - e. Pulmonary contusion
14. Which of the following is the most effective way to prevent hypothermia in a severely injured trauma patient during resuscitation?
 - a. Warming the trauma bay to $\geq 26^{\circ}\text{C}$ (80°F)
 - b. Covering the patient with multiple blankets
 - c. Administering warmed IV crystalloids and blood
 - d. Using radiant heat lamps
 - e. Placing the patient in a heated water bath

15. A trauma patient has a GCS of 15, but reports numbness and weakness in both legs. What is the best next step?
 - a. Immediate CT head
 - b. High-dose steroids
 - c. Immediate CT or MRI of the spine
 - d. Observation only
 - e. Rapid sequence intubation
16. While waiting for blood products, you decide to give 500 mL of crystalloid to a patient in hypovolemic shock. Which of the following is most suitable?
 - a. 0.9% Normal saline
 - b. Lactated Ringer's
 - c. Dextrose 5%
 - d. Hypertonic saline 7.5%
 - e. Hydroxyethyl starch
17. Which trauma patient should not undergo permissive hypotension?
 - a. 25-year-old with stab wound to abdomen
 - b. 40-year-old with unstable pelvic fracture
 - c. 60-year-old with blunt abdominal trauma
 - d. 30-year-old with penetrating chest wound
 - e. 35-year-old with severe TBI and GCS 6
18. In uncontrolled hemorrhage, what is the most appropriate target systolic BP prior to definitive hemorrhage control?
 - a. >140 mmHg
 - b. >120 mmHg
 - c. >100 mmHg
 - d. 80–90 mmHg
 - e. As high as tolerated to improve renal perfusion
19. A 36-year-old male construction worker is brought after a crush injury. He is oliguric, has dark urine, and ECG shows peaked T waves. What is the most important immediate treatment?
 - a. Hemodialysis
 - b. Generous volumes normal saline infusion
 - c. IV calcium gluconate and insulin/glucose
 - d. Loop diuretics to increase urine output
 - e. Surgical fasciotomy

20. What is the most common cause of persistent hypotension during or after resuscitation in blunt trauma?
- Myocardial infarction
 - Ongoing hemorrhage
 - Cardiac contusion
 - Cardiac tamponade
 - Pulmonary embolism
21. A trauma patient with shock receives multiple units of stored PRBCs. He develops tetany and refractory hypotension. Which electrolyte abnormality is most likely?
- Hypocalcemia
 - Hyperkalemia
 - Hyponatremia
 - Hypomagnesemia
 - Hyperphosphatemia
22. A 24-year-old man is brought in after a high-speed motor vehicle crash. He is tachypneic (RR 36), has tracheal deviation to the left, absent breath sounds on the right, jugular venous distention, and oxygen saturation of 82% despite 15 L/min oxygen via non-rebreather. What is the most appropriate next step?
- Obtain a chest X-ray
 - Insert an 18-gauge needle into the right 2nd intercostal space, midclavicular line
 - Insert a large-bore chest tube into the right 5th intercostal space, anterior to mid-axillary line
 - Perform pericardiocentesis
 - Initiate rapid sequence intubation
23. A 50-year-old motorcyclist is brought in after a crash. He is in severe respiratory distress with extensive subcutaneous emphysema of the chest and neck. Breath sounds are absent bilaterally. Chest X-ray shows multiple misplaced NG tubes and trachea displaced. Which is the most likely diagnosis?
- Bilateral hemothorax
 - Massive hemopneumothorax
 - Tracheobronchial injury
 - Bilateral tension pneumothorax
 - Flail chest
24. A 19-year-old man sustains multiple stab wounds. He is unresponsive, BP 60/40, HR 150. FAST is positive for pericardial fluid. What is the most appropriate next step?
- Initiate massive transfusion protocol and transfer to OR
 - Perform pericardiocentesis under ultrasound guidance
 - Perform emergency department thoracotomy
 - Place bilateral chest tubes
 - Give 2 liters warmed crystalloid and reassess

25. An 82-year-old man falls from standing height. He is alert, BP 110/70, HR 84 on arrival. He is on metoprolol and warfarin. FAST shows free fluid in the abdomen. What is the most appropriate immediate next step?
- Discharge if he remains hemodynamically stable
 - Reverse anticoagulation and arrange urgent surgical or interventional radiology consultation
 - Abdominal CT with IV contrast
 - Administer 2 L crystalloid before deciding on further care
 - Repeat FAST in 30 minutes to confirm intra-abdominal injury
26. A 28-year-old woman at 32 weeks gestation is struck by a car. She is alert, HR 128, BP 84/52, RR 28, pale and diaphoretic. What is the most appropriate immediate management priority?
- Initiate perimortem cesarean section if fetal heart tones are absent
 - Give 2 L bolus of crystalloid then cross-matched blood transfusions as needed
 - Aggressively resuscitate the mother with blood products and control hemorrhage
 - Obtain urgent obstetric ultrasound for fetal viability
 - Place the patient supine to optimize maternal venous return
27. A 31-year-old soldier sustains a blast injury with traumatic amputation of the left leg. Massive bleeding is noted. What is the first priority for hemorrhage control in this setting?
- High tourniquet placement above the amputation site
 - Direct pressure followed by wound packing
 - Clamping of bleeding vessels with hemostats
 - Surgical ligation of the femoral artery in the field
 - Compression bandage
28. Which is the earliest indicator of hypovolemic shock?
- Hypotension
 - Restlessness and anxiety
 - Oliguria
 - Tachypnea
 - Narrowed pulse pressure
29. A 27-year-old man with an isolated femoral shaft fracture suddenly develops acute respiratory distress, confusion, and a petechial rash on his chest and axillae 24 hours post-injury. Which is the most likely diagnosis?
- Fat embolism syndrome
 - Pulmonary embolism
 - Tension pneumothorax
 - Sepsis from wound infection
 - Myocardial contusion

30. A 60-year-old fisherman is rescued from icy water after 45 minutes. Core temperature is 29°C. He is bradycardic, hypotensive, and confused. What is the most appropriate rewarming method?
- Passive external rewarming only
 - Active external rewarming with blankets and forced warm air
 - Active core rewarming with warmed IV fluids and heated oxygen via nasal cannulae
 - Immersion in a hot water bath
 - Cardiopulmonary bypass
31. Which patient requires urgent neurosurgical consultation?
- GCS 15, small scalp laceration
 - GCS 13, normal CT head
 - GCS 15, nondisplaced linear skull fracture
 - GCS 8, epidural hematoma on CT
 - GCS 14, mild concussion
32. What is the most appropriate use of tranexamic acid (TXA) in trauma?
- Routine administration >3 hours after injury
 - IV bolus followed by infusion within 3 hours of injury
 - Nebulized administration for thoracic trauma
 - Only for TBI
 - Only after laboratory confirmation of coagulopathy
33. A 22-year-old construction worker sustains a splash injury to the right eye from wet cement. He presents with severe pain and blurred vision. What is the first management step?
- Instill topical antibiotic drops
 - Apply a pressure patch
 - Immediate copious irrigation with isotonic fluid
 - Place a rigid eye shield and urgent ophthalmology referral
 - Give systemic corticosteroids
34. A 23-year-old man sustains a gunshot wound to the abdomen. He arrives hypotensive, with a distended abdomen, and is unresponsive. What is the next best step?
- FAST examination
 - Immediate CT scan of the abdomen
 - Resuscitative thoracotomy with aortic cross-clamp
 - Direct transfer to the operating room for laparotomy
 - Diagnostic peritoneal lavage

35. During disclosure of a young woman's death from a motor vehicle crash, her partner collapses, sobbing uncontrollably. What should the physician do first?
- Continue explaining medical details to avoid leaving gaps
 - Pause, allow silence, and offer supportive presence
 - Quickly redirect attention to organ donation discussions
 - Ask security to escort the grieving partner out of the room
 - Switch the conversation to the partner's own health
36. A 29-year-old woman, 36 weeks pregnant, is brought in after a fall. She is tachycardic and hypotensive. Despite appropriate resuscitation efforts, she deteriorates and goes into cardiac arrest. Resuscitation efforts continue for 5 minutes without ROSC. What is the next best step?
- Terminate resuscitation as survival is unlikely after 4 minutes
 - Perform emergent perimortem cesarean delivery
 - Administer additional blood
 - Start induction of labor
 - Begin therapeutic hypothermia protocol
37. A 42-year-old man is shot in the left lower chest, just below the nipple. He is stable on arrival. FAST shows free fluid in the upper abdomen. What is the most important next step?
- CT scan of the chest and abdomen with IV contrast
 - Chest tube insertion and observation
 - Diagnostic peritoneal lavage
 - Exploratory laparotomy
 - Observation with serial physical examinations
38. A 28-year-old man is brought to the ED after a motor vehicle crash. He opens his eyes to pain, makes incomprehensible sounds, and has abnormal flexion. His GCS score is:
- 6
 - 7
 - 8
 - 9
 - 10
39. A 29-year-old man presents after being stabbed in the right upper quadrant. He is alert, normotensive, and has localized abdominal tenderness without peritonitis. What is the most appropriate next step?
- Immediate laparotomy
 - Focused abdominal sonography for trauma (FAST)
 - Diagnostic peritoneal lavage (DPL)
 - Local wound exploration in the emergency department
 - Serial physical examinations and observation

40. Which of the following patients should be triaged as "immediate" (red tag) during a mass casualty incident?
- a. 20-year-old with isolated open tibia fracture, alert, normal respirations
 - b. 50-year-old with severe chest pain
 - c. 40-year-old with RR 36, capillary refill >2 seconds, following commands
 - d. 70-year-old with no respirations even after airway repositioning
 - e. 8-year-old walking with minor abrasions